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ABSTRACT

This publication contains abstracts from the 53rd annual meeting of the Gerontological Society of America. The abstracts are arranged numerically by the session number in which they appear. Several abstracts are listed under each of the 388 sessions. Although the sessions are not limited to one topic, the dominant theme is education concerning all aspects of gerontology. Articles appear on the educational implications of older care; geriatrics training for health workers; preparing future health care workers over the Internet; evaluation of a healthy intervention for medical students and the elderly; and policy formation for healthy outcomes. Several articles discuss issues concerning quality of life for the elderly among different ethnic and racial groups; physical and psychological abuse of the elderly; linkages of family and social attitudes; and AIDS/HIV education. Following the 200-word abstracts is an index of participants with the session number listed where they appear. (JDM)

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Program Abstracts

THE GERONTOLOGIST

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PROGRAM ABSTRACTS
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"Linking Research to Policy, Practice, and Education: Lessons Learned, Tasks Ahead"

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ABSTRACTS

The Gerontological Society of America
53rd Annual Scientific Meeting
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Washington, DC

Abstracts are arranged numerically by session number and in the order of presentation within each session.

2

Reduced serum levels of Triiodothyronine (T3) seen in the adaptation to Calorie Restriction (CR) are maintained in long-term CR

[1,2]A.M. Handy*, [2]A. Black, [2]D.K. Ingram, [2]G.S. Roth, [2]E.M. Tilmont and [2]M.A. Lane
[1]R.O.W. Sciences, Inc., Gaithersburg, MD [2]National Institute on Aging, Intramural Research Program, NIH, Baltimore, MD

Calorie Restriction (CR) is known to extend mean and maximal lifespan as well as prevent or delay the onset of many age-related diseases in short-lived species. Similar findings are beginning to emerge as increasing emphasis is directed toward longer-lived species. The biological mechanism which underlies the many anti-aging effects of CR, however, is still unknown. It has been suggested that although a reduction in whole animal metabolic rate has been discounted as one of the possible CR mechanisms, other adaptations in energy metabolism may play a role.

In this study, we assessed changes in two principal hormones known to play a role in metabolic regulation: thyroxine (T4) and triiodothyronine (T3). To examine changes during the initial adaptation to CR we looked at young (n=12, 4yr at start) and old (n=12, 20 yr at start) male rhesus monkeys (*Macaca mulatta*). There were significantly reduced levels of total T3 in young animals on CR but no change in total T4 or free T4. Results for the older animals tended to be similar but the decrease in total T3 was not significant.

To examine whether or not these decreased levels of total T3 were maintained, we looked at 51 male rhesus monkeys that have been on CR for 11 years. Results of significantly decreased levels of total T3 in CR animals supported our earlier findings and are also in agreement with studies conducted in rodents. Further, our combined findings suggest a possible role of total T3 reduction in CR anti-aging effects.

SOMATOSTATIN IN AGING: THE INHIBITORY DEATH HORMONE?

J.Vrioni, T. Theodoropoulos New York Medical College and University of S. Florida, Tampa, Fl.

Somatostatin (SS) is an inhibitory factor of most pituitary and pancreatic hormones. We have previously reported on the increased SS inhibition of pituitary TSH hormone secretion in the aging rat (Theodoropoulos, GSA 1991 and AGS/AFAR 1999) SS levels by RIA were detectable in the serum of the aging animal (20 ± 5 pg/ml), but they were undetectable in the young adult. SS activity was characterized by employing gel chromatography and high performance liquid chromatography (HPLC). Upon fractionation, the major peak of radioctivity corresponded to synthetic SS-14, a second peak corresponded to Pro-SS and a third minor peak to SS-28. All these SS forms showed similar biological activity after incubation with paired hemipituitaries in vitro (in terms of TSH inhibition). In conclusion, the higher SS levels with significant biological activity of all forms may be the major determinant of the increased SS inhibition on TSH secretion during aging.

THE FISCHER 344 X BROWN NORWAY RAT AS A MODEL FOR POST-MATURATIONAL INSULIN RESISTANCE.

LM Larkin, TH Reynolds, MA Supiano, BB Kahn, and JB Halter. U. of Michigan, & VAMC, Ann Arbor, MI, 48109.

This study determined whether post-maturational insulin resistance occurs by measuring glucose infusion rate during a hyperinsulinemic-euglycemic clamp; Ginf and glucose transporter (GLUT-4) protein in medial gastrocnemius (MG) muscle of male Fischer 344 x Brown Norway (FBN) rats ages 8, 18, and 28 months.

Age (months)	8	18	28
n	10	10	12
% Fat Pad/BW	3.8 ± 0.1	7.3 ± 0.3 *	7.2 ± 0.3 *
Insulin (pmol/L)	181 ± 11	269 ± 19 *	244 ± 33 *
Ginf (mg/Kg/min)	28 ± 2.2	22 ± 1.9*	22 ± 2.3*
GLUT-4 Protein	100 ± 2.7	88 ± 5.5*	78 ± 3.0*#

Values are means ± SE. * Significant difference $p<0.05$ vs. 8-mo-rats. # Significant difference $p<0.066$ vs. 18-mo-rats.

Plasma glucose was unchanged with age. There was a significant age effect on adiposity, plasma insulin levels, Ginf, and GLUT-4 protein content. Adiposity, plasma insulin were greater and Ginf was less in the 18 mo compared to the 8 mo old rats, with no further increase at 28 mo. The increase in insulin levels and fall in Ginf indicates that insulin resistance progresses between 8 and 18 months. MG GLUT-4 protein continued to decrease with age. Since the age-associated increase in adiposity and insulin resistance, and decrease in MG GLUT-4 in the FBN rat is similar to age-related changes in humans, this strain may be an appropriate model for studying the effects of aging on glucose homeostasis.

GENE REGULATION OF TELOMERASE IN AGING

T.O. Tollefsbol, N. Lopatina, M. Nelson, J. Poole, J. Key, J. Dunaway, J. Patel, J. Benson, R. Ochinang, N. DeSilva, and L. Andrews. Department of Biology, University of Alabama at Birmingham, AL 35294

Considerable interest has been focused on the enzyme telomerase which corrects age-related chromosomal attrition and which can prevent aging when exogenously expressed in certain cells. The telomerase active component (hTERT) mRNA is down-regulated by unknown mechanisms during cellular differentiation and is not detectable in most aging cells. Using luciferase gene reporter assays, we have found that the hTERT promoter has considerable activity in undifferentiated human teratocarinoma (HT) cells. A portion of the core promoter region was sequenced for cytosine methylation, a known suppressor of gene expression, revealing that this region of the hTERT promoter is devoid of cytosine methylation in undifferentiated cells. To investigate the likelihood that the hTERT promoter may be subject to methylation silencing in differentiating cells destined to undergo cellular aging, we assessed the relative *de novo* methylation by the DNA methyltransferases (Dnmts) in HT cells induced to differentiate upon exposure to retinoic acid. After three days of differentiation there was at least a two-fold increase in the level of *de novo* methylation by the Dnmts. These studies indicate that the gene promoter for hTERT has high activity and is hypomethylated in undifferentiated cells and that the DNA methyltransferases increase in *de novo* methylation in differentiating cells consistent with methylation silencing of telomerase as a cause for telomerase inactivity in differentiated aging cells.

AGE-RELATED CHANGES IN ISOPROTERENOL AND ANGIOTENSIN II ACTION IN RAT AORTA.

W.E. Schutzer, H. Xue, J.F. Reed, J-B. Roullet, S. Anderson, and S.L. Mader. Portland VA Medical Center & Oregon Health Sciences Univ., Portland, OR 97201

Beta-adrenergic receptor (β-AR)-mediated vasorelaxation declines with age in animal and human vessels. Recently, it has been shown that angiotensin II (ATII), a potent vasoconstrictor, enhances cAMP-mediated vasorelaxation. Therefore, we examined whether ATII pretreatment affected isoproterenol- (ISO) mediated vasorelaxation in aortic rings from 6-week through 24-month old Fisher 344 male rats. We also investigated ATII-mediated responses with age. Results confirm that ISO-induced vasorelaxation was significantly impaired with age. Preincubation of vessels with 0.1 μM ATII caused a transient contraction that did not change with age. This ATII pretreatment significantly enhanced ISO-stimulated vasorelaxation in aorta from 6-week and 6-month, but not in 12- or 24-month old animals. The contractile effect of cumulatively added ATII (0.1 nM-1μM) alone declined with advancing age. The contractile effect of ATII was mediated by AT_1-receptors. Blockade of AT-1-receptors and therefore activation of AT_2-receptors produced vasorelaxation in 6-week old animals only. Western blot analysis revealed an age-related increase in AT_1-receptor expression. These data indicate that ATII does not reverse the age-related impairment in β-AR-dependent vasorelaxation and suggest that aging may alter AT_1-receptor expression and post-ATII-receptor signaling pathways.

cDNA ARRAY ANALYSIS ON GENE EXPRESSION PATTERNS IN RESPONSE TO ENDOTOXIN IN DIETARY RESTRICTED RATS

T. Tsuchiya, I. Shimokawa, Y. Higami, K. Tanaka
Department of Pathology, Nagasaki University
School of Medicine, Nagasaki City 852-8523, Japan

Accumulated evidence indicate that dietary restriction modulates inflammatory responses and defense systems against harmful bioproducts of inflammation. Using cDNA array technology, we have analyzed changes in gene expression in the liver after intravenous administration of endotoxin in dietary restricted (DR) and control rats fed ad libitum (AL) at 6 months of age. Injection of endotoxin elevated plasma TNF-alpha and IL-6; TNF-alpha responses were enhanced in DR rats. Analysis of cDNA array showed that the genes for stress response proteins were up-regulated in DR rats, and that cytochrome P-450 family and metabolic pathway genes were maintained in DR rats, although those were suppressed in AL rats, at 1 hour after endotoxin administration. In conclusion, the present results suggest that some protective processes against excessive inflammation might be enhanced in DR rats, although the proinflammatory response was also simultaneously augmented

DOES SUPPRESSION OF GROWTH HORMONE EXTEND THE LIFESPAN OF RODENTS?

I. Shimokawa, Y. Higami, K. Tanaka, T. Tuchiya
Department of Pathology, Nagasaki University
School of Medicine, Nagasaki City 852-8523, Japan

Hereditary dwarf mice deficient in growth hormone (GH), prolactin, and TSH have been reported to live longer than their normal siblings. Dietary restriction also suppresses GH. Using a transgenic strain of rats, in which the synthesis of GH are selectively suppressed by overexpression of an antisense GH-RNA transgene, we have started a research project to explore a role of suppression of GH in the antiaging action of dietary restriction. Experimental groups of rats included control male Wistar rats, the transgenic rats (Mini), and their F1 hybrid rats. These rats were fed ad libitum (AL) or 30% dietary restricted from 6 weeks of age (DR). Plasma GH and IGF-1, the body weight, and the amount of daily food intake, were less in the following order: Mini-rats, F1-rats, control rats. DR also suppressed these parameters in each rat group, as compared to each AL group. At 25 months of age, only 70.1% of Mini-AL were alive, as compared with 80.5% and 88.1% survival in Wistar-AL and F1-AL respectively. The survival in DR groups were 90%, 86.7%, and 90.9% in Mini, Wistar, and F1 rats. We may conclude that severe suppression of GH, as seen in Mini rats, could be harmful for survival; however, moderate suppression of GH, as seen in F1 rats, may be one of the factors associated with the antiaging action of DR.

Antioxidant capacity of monkey serum during aging

H. Y. Chung, J. W. Kim, K. J. Jung, B. P. Yu, D. K.Ingram, G. S. Roth, M.A. Lane.
College of Pharmacy, Pusan National University, Korea
National Institute on Aging, Intramural Research Program, Baltimore, MD, USA.

Increased oxidative stress has been implicated in aging and age-related diseases. Protection against the deleterious effects of oxidative stress requires a well-coordinated network of both non-enzymatic and enzymatic antioxidant defense systems. In the present study, to investigate the age-related scavenging abilities for reactive oxygen species (ROS), i.e., hydrogen peroxide, hydroxyl radical, and superoxide, serum samples obtained from rhesus monkeys of different ages were oxidatively challenged with $FeSO_4/H_2O_2$, menadione, or H_2O_2, respectively. The extent of the anti-oxidation of serum was quantified using dichlorofluorescin diacetate (DCFH-DA). Results showed that hydroxyl radical scavenging ability was significantly decreased in serum from aged male monkeys. In female monkeys, age-related decrease in ROS scavenging abilities was more prominent. Hydrogen peroxide and hydroxyl radical scavenging abilities were significantly decreased in aged female monkeys. We also quantified changes in the major anti-oxidant, thiol content. It was found that total thiol levels tend to decrease in aged group. This age-related effect was more significant in female. The protein oxidation detected by OxyBlot kit and subsequent Western blot revealed that oxidized protein levels increased at old ages in male. In female monkeys, however, no change in oxidized protein levels during aging was noted. Our results indicated that aging is related with decreased serum antioxidant capacity and total thiol levels, which cause imbalance between pro-oxidant and anti-oxidant in serum in favor of the oxidation during aging.

THE EFFECT OF BODY MASS INDEX (BMI) ON REPORTS OF SIGNIFICANT HIP PAIN IN OLDER AMERICAN ADULTS.

R.E. Andersen, C.J. Crespo, C. Christmas, S.C. Franckowiak Johns Hopkins SOM, Division of Geriatric Medicine, Baltimore, MD 21224

Hip pain is a serious medical complaint which is associated with deconditioning and increased disability among older adults. The purpose of this investigation was to examine the relationship between BMI (kg/m^2) and reports of significant hip pain among American adults over the age of 60 yrs using the nationally representative NHANES III data set. We classified people into the following weight categories: underweight; healthy weight; overweight; or grade I, II, or III obesity according to the WHO criteria. We found significant reports of hip pain in 10.4, 12.4 and 13.9% of underweight, healthy weight and overweight older adults, respectively. Whereas, 17.8, 17.9 and 23.3% of those with grades I, II, and III obesity reported significant hip pain, respectively. Healthy weight, overweight and obese older women were more likely than their weight-matched male counterparts to report hip pain. We found that non-Hispanic black and Mexican American older adults reported similar hip pain as non-Hispanic white Americans. Future interventions should examine relationships between weight change and hip pain in older adults.

DIFFERENTIAL EXPRESSION OF MOUSE NEWBORN AND ADULT OVARY ANALYZED BY EST SEQUENCING AND 15K CDNA MICROARRAY.

Serafino Pantano[1], Luisa Herrera[1], Tetsuya Tanaka[1], Saied A. Jaradat[1], Yuri Sano[1], Meng K. Lim[1], Yu-lan Piao[1], George J. Kargul[1], Kevin G. Becker[2], Minoru S.H. Ko[1], and David Schlessinger[1]. [1]Laboratory of Genetics and [2]DNA Array Unit, NIH/NIA, Baltimore, MD 21224-6820

As an adjunct to the analysis of ovarian development and oocyte atresia, we have recovered cohorts of cDNAs from every embryonic cleavage stage, selected fetal tissues and organs, and newborn ovary. In particular, 7,000 ESTs from newborn ovary have been sequenced and analyzed for the frequency of representation of individual genes. Single members of each gene observed (3,892) have been included in an initial group of 15,000 distinct genes in microarrays. Genes that are highly expressed in newborn ovary, including several that are later shut down during ovarian aging, have been analyzed further by functional assays and in situ hybridization to embryonic and fetal preparations, and global patterns of gene activation and repression are further assessed by hybridization of organ-specific probes to the arrays.

GENERATION OF GENETICALLY ALTERED MOUSE MODELS FOR AGING STUDIES

W.C. Ladiges, C.B. Ware, P.S. Rabinovitch, Nathan Shock Center for Excellence in the Biology of Aging and Departments of Comparative Medicine and Pathology, School of Medicine, University of Washington, Seattle, WA 98195.

Genetically altered mice can be powerful tools for studying mechanisms of the biology of aging because genes can be turned on or off and correlated with various biomarkers. The Nathan Shock Center for Excellence in the Biology of Aging at the University of Washington provides a mouse genetic engineering resource for supporting a wide variety of biomedical research projects which investigate biology and diseases of aging. Transgene overexpression and gene targeting techniques were used to generate 51 mouse lines during a 4-year period. A number of lines have already been characterized and described in peer reviewed publications, and include antioxidant genes (catalase and glutathione), Werners syndrome, neurodegenerative conditions (beta amyloid, presinilin, adenyl cyclase, thrombospondin, trinucleotide repeats), cardiovascular disease (glutathione peroxidase, myeloperoxidase, ApoA), cellular response (interferon mediater PKR protein kinase, I kappa B) arthritis and musculoskeletal (T cell receptor immune mediated arthritis, inclusion body myositis, type I collagen mutant), immunosenescence (MAD 1, MAD 3, c-myc), metabolic conditions (glycogen synthesis kinase), and inducible expression and mutation systems. These new mouse models are providing additional insights into aging processes, and will be useful for developing intervention strategies and collaborative interactions.

7C GOLD URINARY ASSAY OF NEURAL THREAD PROTEIN IN ALZHEIMER'S DISEASE

J. Fitzpatrick Ph.D[1], M. Munzar MD[2], M. Focht[1], R. Bibiano[1], and P. Averback MD[2]. [1]Serex Inc., 230 West Passaic Street, Maywood, NJ 07607 and [2]Nymox Pharmaceutical Corp, Montreal, Qc.

Neural thread proteins (NTP) are recently characterized brain proteins, of which the 41 kD AD7C-NTP protein is selectively elevated in Alzheimer's disease (AD) brain, cerebrospinal fluid, and urine. AD7C-NTP is associated with the pathological changes of AD, and the overexpression of the AD7C-NTP gene in transfected cells in culture induces apoptotic cell death similar to that found in AD brain. Using a newly developed gold particle monoclonal anti-AD7C-NTP based liquid phase immunoassay, (7C Gold), AD7C-NTP was measured in 58 cases of AD and 31 healthy normal controls. The mean 7C Gold migration measurement in the AD group (2.10 ± 0.74) was significantly higher ($p<.0001$) than the control group (0.74 ± 0.25). 7C Gold migration levels of greater than 1.25 units were found in 91.4% of AD cases, and in 3.2% of controls. 7C Gold levels above 1.39 were found in 86.2% of AD cases, and 0% of controls. This data further validates AD7C-NTP as a biochemical marker for AD, and indicates that the 7C Gold test in urine is a highly accurate method to determine AD7C-NTP levels in AD.

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INFLUENCE OF SEX HORMONES ON DEVELOPMENT OF BONE CANCER.

B.C. Beranek, Jefferson High School, 927 Snowy Owl Court, Lafayette, IN 47904.

More than half of the young people who develop bone cancer die. Rottweiler dogs also suffer from osteosarcoma, and as in humans, the male form of the disease appears more vicious and deadly than the female form. Rottweilers provide a unique opportunity to study the influence of sex hormones on the development of bone cancer.

The specific aims of this investigation were: (1) to compare relative risk for osteosarcoma development in intact and neutered Rottweilers: (2) to determine if sexually intact Rottweilers have earlier onset of osteosarcoma than neutered dogs; and (3) to determine if there is a significant correlation between years of sex hormone exposure and sarcoma risk.

Data were taken from a nationwide, population-based questionnaire entitled "1999 Study of Longevity and Cancer Risk in Rottweilers." Once the data were compiled, statistical analyses were run to determine relative risk, lifetime exposure to sex hormones, and bone tumor risk per 1000 dog years.

The results indicate that the age at diagnosis for intact males was one to two years earlier than that for other sex classifications. Spayed females had increased osteosarcoma risk compared with intact females, as did intact males compared with intact females. A four-fold increased risk of osteosarcoma development was visible in female early-spay Rottweilers compared with female intact Rottweilers.

The data show that sex hormones may influence bone cancer development. Specific populations at high risk for osteosarcoma can thus be defined and the best possible animal can be studied in cancer prevention trials.

First Place winner in Gerontology and Best of Category, 2000 Intel International Science and Engineering Fair.

ENHANCEMENT OF PC-12 CELLULAR POPULATIONS BY ANTHOCYANINS FROM THE FAMILY ERICACEAE.

K. Thiessen, Gold Beach High School, 34205 Squaw Valley Road, Gold Beach, OR 97444.

Free radical cellular damage has been linked to the onset of degenerative diseases such as Alzheimer's, heart disease, and aging. Anthocyanins are a type of antioxidant found in blue or red pigmented botanical compounds. Enhanced cellular growth would indicate that anthocyanins were working preventatively against free radicals and may possess the ability to drastically delay or reduce the effects of aging and age-related disease. The purpose of this experiment was to determine whether the addition of anthocyanins to cellular cultures would enhance their growth. This would suggest that the compound was neutralizing free radicals during formation.

To determine the anthocyanins' effectiveness, ten grams of several berry types (blueberry, blackberry, cranberry, and huckleberry) were collected. Anthocyanin extracts from the berries were refrigerated until added to the tissue plates. Cell cultures were prepared from established PC-12 lines and added to the L-15 cell growth media. Extracts were then applied in concentration levels of .01%, .1%, and 1%. Tissue plates were incubated for three days and then refrigerated until growth could be evaluated.

Results indicate that anthocyanins generally have a positive affect. However, concentration affected cell quantities inversely. I believe this is because cells require some free radicals to carry out basic functions. When concentrations reached 1%, antioxidants neutralized free radicals to an excess, reducing cell functions. At .01%, anthocyanins prevented free radical damage that could lead to increased risk of cell damage from oxidative stress.

Finalist in Gerontology, 2000 Intel International Science and Engineering Fair.

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PREDICTORS OF LIFE SPAN AND MORTALITY IN NONHUMAN PRIMATES AND THE EFFECTS OF LONG-TERM DIETARY RESTRICTION.

N.L.Bodkin and B.C.Hansen.
Dept. of Physiology, School of Medicine, University of Maryland, Baltimore, MD 21201, USA.

For almost 2 decades, studies in nonhuman primates have been under close scrutiny to determine whether dietary restriction (DR) will mimic previous results in rodents and extend the life span. To help address this question, this study sought to identify differences in the mortality (survival) and associated metabolic predictors in a large number of ad libitum ($n=93$) vs. long-term dietary restricted rhesus monkeys ($n=8$) *(Macaca mulatta).* Body weight, fasting plasma glucose, fasting plasma insulin, and glucose tolerance were used as covariates influencing survival. Results showed there was a clear separation of the survival curve between the ad libitum and DR monkeys although not yet statistically significant by the log-rank test. The age at 50% survival in the ad libitum fed monkeys was 24-25 years old, compared to the current average age of the living DR monkeys of 28.5 yrs. old. An increased fasting insulin was significantly associated with increased mortality. However, there was no significant association in increased mortality with obesity, impaired glucose tolerance, or hyperglycemia.

We conclude that these data provide preliminary support that the average age of death in nonhuman primates is significantly extended by dietary restriction. In addition, dietary restriction may be working through the prevention of hyperinsulinemia.

CALORIE RESTRICTION REDUCES THE INCIDENCE OF PROLIFERATIVE DISEASE: PRELIMINARY DATA FROM THE NIA CR IN NONHUMAN PRIMATE STUDY

A. Black, E.M. Tilmont, A.M. Handy, D.K. Ingram, G.S. Roth, M.A. Lane

National Institute on Aging, NIH, 5600 Nathan Shock Drive, Baltimore, MD, 21224

Calorie restriction (CR) is well documented to reduce the incidence and slow the progression of several types of cancers in laboratory rodents. Similar data are not available for nonhuman primates but an ongoing study at the National Institute on Aging is beginning to yield evidence that suggests a reduced incidence of several forms of proliferative disease in CR monkeys. The incidence of proliferative disease, including naturally occurring malignant and nonmalignant neoplasias has been monitored for 13 years in 60 male rhesus and 40 male squirrel monkeys. In addition, 60 female rhesus monkeys have been monitored for the incidence of neoplasia and endometriosis for 8 years. Approximately half of each group of animals consumes a balanced chow *ad libitum* (CON) while the other half consumes 30% fewer calories (CR). Thus far, there have been 8 CON and 2 CR cases of neoplasia in rhesus monkeys, and 6 CON and 0 CR cases of neoplasia in squirrel monkeys. Endometriosis, another proliferative disease, has been diagnosed in 6 CON and 1 CR female rhesus monkey in this study. Neither menstrual cycling patterns nor serum estrogen concentrations differ between CON and CR female monkeys. Although the mechanism(s) by which CR inhibits proliferative disease is not known, there is evidence that CR reduces rates of cell division. In conclusion, preliminary data from this study suggest that CR reduces the incidence of neoplasias and endometriosis in nonhuman primates.

BODY COMPOSITION, FOOD INTAKE, AND LEPTIN IN LONG-TERM CALORIE RESTRICTED RHESUS MONKEYS.

J. A. Mattison, A. M. Handy, E. M. Tilmont, A. Black, D. K. Ingram, G. S. Roth, and M. A. Lane

National Institute on Aging, Intramural Research Program, NIH, Baltimore, MD

R.O.W. Sciences, Inc., Gaithersburg, MD

Caloric restriction (CR) is the only means known to consistently extend average and maximal lifespan and to slow the rate of aging in rodents. Recent evidence suggests similar findings in nonhuman primates. In the present study, body composition and food intake were assessed over 10 years of a 30% reduction in calories in rhesus monkeys (*Macaca mulatta).* Plasma leptin was evaluated after 10 years on the study.

Calorie restricted monkeys, both male and female, weigh significantly less, have reduced fat mass and lean body mass (LBM) compared to control-fed counterparts, whose diet resembles ad libitum feeding. After 7 years on the study, CR monkeys were eating less food per gram body weight than control-fed but this difference disappeared after 12 years as body weights have stablized.

Plasma leptin concentration was lower in restricted monkeys compared to control-fed, however, the difference was not significant. There was no difference between males and females. Leptin was not correlated to food intake or age in either restricted or control-fed monkeys but was positively correlated with body weight, fat mass, LBM, trunk:leg fat ratio, and waist:hip measurements ($p<0.0001$).

DECREASED VISCERAL FAT ENTIRELY ACCOUNTS FOR THE EFFECTS OF CALORIC RESTRICTION ON INSULIN ACTION IN AGING RATS.

I. Gabrieli, N. Barzilai, X-H. Ma, X-M Yang, J.A. Cases. Division of Geriatrics, Albert Einstein College of Medicine, Bronx, NY, 10461

Aging is typically associated with increased visceral fat (VF), which is a risk for insulin resistance, diabetes, and arteriosclerotic disease. We aimed to examine a cause-effect relationship between VF and insulin resistance in 3 groups of aging (20 mo) rats. The first group was *ad libitum* fed but subjected to surgical removal of both the epididymal and perinephric fat pads (VF-) 3-4 mo before the study ($n=6$). The second group was *ad libitum* fed (AL) and had a sham operation ($n=6$). The third group was caloric restricted (CR) to ~60% of the food intake of the AL rats ($n=6$). At the time of the study, non-visceral fat mass was similar (~100g) in both AL and VF- groups, and was 21±3g in the CR group. VF was undetected in VF-, and weighed 22±2g in the AL, and 4±1g in the CR group. Glucose uptake (insulin clamp 3 mU/kg min) in awake, unstressed, chronically catheterized rats was similarly increased in the VF- and CR groups (Rd; 29±2 and 28±3; respectively, vs. 21±2 mg/kg LBM/ min in the AL group, $p<0.01$). Hepatic glucose production was most markedly suppressed during the clamp in the VF- group (10.8±0.9, 4.1±1.0 7.2±1.2 mg/kg/min in AL, VF-, and CR; $p<0.05$ between all). We conclude that surgical extraction of VF in aging rats: 1) Improved peripheral insulin action by ~30%, similar to the effect obtained by CR. 2) Improved hepatic insulin sensitivity, and inversely correlated to visceral fat VF ($r^2=-0.896$; $p<0.001$), with no change in portal FFA levels. These findings confirm the notion that VF is a unique fat depot that poses the major risk for the metabolic syndrome in aging humans.

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The "BLUE SKY" BIOTECHNOLOGY REVOLUTION AND AGING RESEARCH.

E. Wang (Department of Biochemistry and Molecular Biology, University of Louisville, Louisvill, KY 40202).

PARTICIPANTS:

H. Warner (Biology of Aging Program, National Institute on Aging). NIA Initiatives on the high-throughput approach to studying ag-dependent gene expression.

R. Prough (Dept. of Biochemistry, University of Louisville). Toxin Exposure, DHEA, and Aging Research.

R. Cohn (University of Louisville). Atomic Force Microscopy and Aging Research.

E. Wang (Dept. of Biochemistry and Molecular Biology, University of Louisville). Pattern Recognition, Biochips, Genetic Signatures, and Aging Research.

The recent explosion of technological advances in the information age paves the way for a biotechnology revolution in the new millennium. The development of high-throughput technology in the last few years is certainly a testimony to the integration of diverse scientific displies, including biology, informatics, and engineering. The coming together of these varied approaches opens an unprecedented understanding of the complexity underpinning biological systems. The advanced technology being developed in academic, parmaceutical, and governmental laboratories will certainly pave the way for new interventions, management, and care of disabilities and diseases that plague the elderly. This symposium brings together experts in developing advanced technologies to address the question of how to apply them to aging research, to jump-start the quest and push the envelope to improve, contain, and reduce age-dependent degeneration and debility, and ensure the future of Healthy Aging 2000.

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INTERDISCIPLINARY GERIATRIC PRE-SERVICE TRAINING FOR STUDENTS IN THERAPEUTIC RECREATION AND SPEECH-LANGUAGE PATHOLOGY

Linda A. Heyne, Susan E. Durnford, and Emily Morin
(Ithaca College, Hill Center 32, Ithaca, NY 14850)

The Therapeutic Recreation Department and the Speech-Language Pathology and Audiology Department at Ithaca College combined faculty and student resources to support interdisciplinary, geriatric pre-service training at a local senior residence. Students in each discipline were paired and then matched with residents who lived in assisted-living units and displayed decreased ability to socialize with others due to decreased communication skills and other barriers (e.g., physical limitations, cognitive impairment, loss of leisure/social skills). Student teams conducted joint person-centered assessments of the residents' leisure (i.e., barriers, patterns, interests, lifestyle) and communication (i.e., speech, language, socialization, patterns, hearing) needs and abilities. Student teams subsequently designed and implemented individualized programming to meet residents' communication and recreation needs within the context of preferred leisure activities. This poster session will discuss college-agency collaboration, faculty collaboration, interdisciplinary training components, student supervision, joint assessment procedures, programming, and evaluation outcomes related to resident functioning and student learning.

IMPROVING MEDICATION USE IN THE ELDERLY: RESULTS OF AN EDUCATIONAL INTERVENTION.

M Monane, LA Cataldi, M Lee, BA Nagle. Merck-Medco Managed Care, L.L.C., Franklin Lakes, NJ 07417

To optimize drug use in seniors, we designed an educational intervention that provides information on drug administration, indications, adverse effects, and drugs considered potentially unsafe in the elderly.

A total of 63,694 patients in 38,151 households (average age 75.2; 59% female) received a *Medication GuideBook for Older Adults*. We evaluated their drug claims to determine if the guidebook affected the prescribing of potentially unsafe mediations using a subset of the Beers' criteria (1997) recommended by our medical advisory board with geriatric experts. In the year before the Guidebook was distributed, 4,310 potentially unsafe medications were dispensed, as compared to 4,054 in the year following receipt of the guidebook, resulting in a difference of 6%. This patient-based educational intervention helped to improve medication use beyond the 3% change in prescribing observed in the literature when no intervention occurred. This change was greater (12%) for those who returned a Guidebook evaluation form (proxy for reading the Guidebook – response rate 14%).

This large study showed that providing drug information to ambulatory elderly on potentially unsafe medications helps to optimize prescribing and may reduce drug-related medical errors by empowering older adults to become involved in their health care.

THE EFFECTS OF INTERDISCIPLINARY SERVICE LEARNING COURSES ON STUDENTPERCEPTIONS AND EXPECTATIONS OF WORKING WITH OLDER ADULTS

M M Lusardi PhD PT, L Strong EdD RN, MJ Emery EdD PT
Departments of Physical Therapy and Nursing, Sacred Heart University, Fairfield CT 06432-1000

Changing student attitudes towards working with older adults is a function of knowledge, values, and exposure. Knowledge alone is insufficient to modify perpetuated beliefs and perceptions. When combined with meaningful learning experiences a greater degree of attitudinal and behavioral change can be expected. Meaningful learning experiences in the form of service learning courses are effective models for the development of collaborative and cooperative relationships between students and participants. Issues and challenges that confront health care providers caring for older adults are frequently more effectively and efficiently resolved in teams comprised of multiple disciplines. This paper will describe the effect of several interdisciplinary service learning courses, on teams of physical therapy, occupational therapy and nursing students perceptions towards older adults living independently in the community or in assisted living settings. The potential effect of such courses as Spanish for Health Care Professionals, and Health and Wellness in Later Life on future selection of working with older adults will be discussed. Preliminary results of the effect of these courses on student choices of practice site and the potential of these courses reducing health disparities in older adult populations as an outcome of a better educated practitioner sensitized to the needs and issues of older adults will be presented.

NEEDS ASSESSSMENT FOR AN INTERDISCIPLINARY DISTANCE LEARNING CURRICULUM IN GERIATRIC REHABILITATION AND WELLNESS

MM Lusardi PhD PT, MJ Emery EdD PT, LL Strong EdD RN, Departments of Physical Therapy and Nursing, Sacred Heart University, 5151 Park Ave. Fairfield, CT 06432-1000

Post-professional graduate education in geriatrics takes several forms. To identify educational needs and preferences, physical therapists, occupational therapist s and nurses in Connecticut were surveyed. Responses (n=119, 19% rate of return) served as the basis for curriculum design. Significant interest (93.8%) was expressed for an interdisciplinary curriculum in geriatric rehabilitation, offered at the post-professional graduate level. Most respondents (95%) indicated study would need to be completed while maintaining current employment. An expert group and modified Delphi process identified seven curriculum content areas for the survey. Respondents rated all as important, with 1) advocacy skills and resources, 2) health care policy development, and 3) principles of public health being most important. Two different models of education were preferred; distance learning format (45%) and traditional graduate format (30%). Flexibility in program design was rated as highly important. Based on these data, a 36-credit distance learning curriculum using an internet-based distance learning instruction platform and twice/semester residency has been developed. A cohort group format was selected to reinforce participation across distance. The curriculum reflects expert and consumer ratings of importance of content. A clinical capstone experience will be a summative evaluation of student learning.

INTERACTIVE VIDEOCONFERENCING TECHNOLOGY AS AN EFFECTIVE METHOD OF DELIVERING INTER-DISCIPLINARY GERIATRIC TRAINING TO HEALTH CARE PROFESSIONALS IN MICHIGAN.

J. Papsidero, J. Yonker, L. Lawhorne, C. Gerstenlauer, Geriatric Education Center of Michigan, B215 W. Fee Hall, Michigan State University, East Lansing, MI 48824.

Delivering interdisciplinary geriatric education in an effective and cost-efficient manner to a statewide audience consisting of both rural and urban providers has become increasingly challenging for educators of health care professionals. Faced with such a challenge, the Geriatric Education Center of Michigan (GECM) has transitioned from centralized educational programs to regional programs and finally to the current method of delivery known as interactive videoconferencing (IVC). Participants in the "Inter-disciplinary Training of Primary Care Geriatric Teams" course attended one 8-hour session per month for six months to complete the 48 hour course. IVC brought the training closer to the participants' practice sites and significantly reduced the amount of time they spent away from their patients, making it more acceptable for providers and their administrators. Enrollment in the course more than tripled within two years. Evaluation methods included pre-post knowledge tests; participants' evaluation of the curriculum and instructors; attitudinal surveys; and evaluation of the IVC technology. The change to IVC methodology from the traditional approach has not decreased either satisfaction with the course or acquisition of knowledge. For example, in 1997 (before IVC), participants' knowledge increased an average of 1% (n=8); in 1998 (after IVC) by 13.7% (n=19); and in 1999 by 21.5% (n=21). Data from the 2000 course, enrolling more than 70 individuals, will also be analyzed and reported.

PREPARING FUTURE HEALTH CARE PROVIDERS TO WORK WITH OLDER ADULTS WITH DEMENTIA

J.E. Voelkl, L. Buettner, J. St. Pierre, S. Fitzsimmons, Department of Sport, Health, and Leisure, University of Iowa, Iowa City, IA 52242 and School of Nursing, Binghamton University, Binghamton, NY 13902.

Although universities are active in providing degree and certificate programs in gerontology, little has been done to prepare students to work directly with older adults with dementia. University of Iowa and Binghamton University offer an innovative course providing classroom instruction on dementia and direct application of that knowledge with an older adult with dementia. Students enroll in a two-semester hour course consisting of six weeks instruction and eight weeks implementing an in-home recreation program with an older adult with dementia. Outcome evaluation assesses students' knowledge of dementia and perceived skill in communication and use of recreation activities. Process evaluation consists of weekly logs assessing course materials. Fifty-one students majoring in allied health professions (nursing, therapeutic recreation, health) have completed the program. The outcome evaluation demonstrated increases in knowledge of dementia ($t=6.39$, $df=19$, $p<.001$) and perceived skills in communication ($t=7.67$, $df=19$, $p<.001$) and use of recreation activities ($t=11.15$, $df=19$, $p<.001$). Further information on the curriculum and evaluation findings will be presented.

DECIDING ABOUT DIALYSIS AT THE END OF LIFE

E.L. Siegler, R. Rosati, M.L. Del Monte, Division of Gerontology and Geriatrics, Weill Medical College of Cornell University, NY, NY 10021; Departments of Quality Management Systems and Internal Medicine, Brooklyn Hospital Center, Brooklyn, NY 11201

Whether and when to stop dialysis in a patient at the end of life (EOL) is always a difficult decision. As part of our Palliative Care Initiative, we assisted 21 dialysis patients with EOL care. Mean age was 64 years, and 16/21 were women. Forty percent of patients had cancer; other diseases included AIDS, stroke, multisystem failure, and other cardiorespiratory illness. None of the 5 patients who underwent CPR survived the hospitalization. Although 15 patients were DNR, the decision to stop dialysis was made as part of the DNR decision for only 4 of them. In 3, a decision to stop dialysis was made later; the other 8 continued dialysis until death or discharge. For only 1 of the 7 patients whose dialysis was stopped did a nephrologist initiate the discussion.

Chart review revealed many instances of inadequate communication, such as notes that described "poor prognosis" without directly addressing the need to re-evaluate the appropriateness of dialysis. Providers often failed to develop a coherent plan of care despite the presence of an invasive technology that could have served as a focal point for discussion about goals of care. We conclude that palliative care of patients on dialysis offers unique opportunities to assist patients, agents, and providers with EOL decision making, but has equally unique complexities that necessitate special attention to communication among providers.

ENHANCING PHYSICAL THERAPY FOR ELDERLY PATIENTS: THE NEED FOR BIOPSYCHOSOCIAL EDUCATION

J. Dauenhauer, R. Frankel, P. R. Katz, J. Karuza, Finger Lakes Geriatric Education Center, University of Rochester, Rochester, NY 14620 E. Nalette, Dept. of Physical Therapy, Ithaca College, Ithaca, NY 14850

The present study was conducted to identify areas in which the biopsychosocial education of graduate level physical therapy students could be enhanced to improve the quality of care provided to elderly patients. Few research studies have examined this aspect of physical therapy education as it relates to older adults. To provide insight into physical therapy education and practice with elderly patients, three focus groups were conducted: (1) physical therapy clinicians and faculty, (2) Master's level physical therapy students, and (3) elderly patients who had received physical therapy services during the previous year. Physical therapist participants were asked to describe their last encounter with an elderly patient including any "challenges" associated with working with older adults. Former patients were asked to describe their experience with physical therapists and to describe any difficulties associated with their experience. Qualitative analysis found that physical therapists were confident concerning their clinical or biological expertise, but struggled with patients' psychosocial issues (i.e. death and dying, depression.). Relationship-building with elderly patients, including trust and length of treatment, was found to be critical to positive patient outcomes. Demands in clinical settings associated with insurance reimbursement often forced PTs to reduce clinical time, impacting the relationship and subsequent positive outcomes. These findings suggest that psychosocial skills training could assist physical therapists to better meet the emotional needs of their elderly patients. Findings also indicate the potential negative impacts of the health care reimbursement system on older adults.

INTERACTIVE WEB-EDUCATION AND ALZHEIMER'S DISEASE

M.C. Corrigan, School of Community Affairs, Wichita State University, Wichita, KS 67260

The Internet is a major source of information for the public, and is currently estimated to be accessible in 40 million American households. For people isolated at home because of responsibilities related to care of a family member with Alzheimer's Disease, the Internet offers potential as a resource for needed education.

As of March 2000, six major search engines identified over 30,000 sites using Alzheimer's Disease as the search phrase. A review of the top 10 sites for each engine found that most of the information is passive (reading only), and would not stimulate creative problem solving by the caregiver. Few sites involved any peer review for reliability/validity of information.

Interactive web-education is a format that actively involves the participant in learning process using questions, transitions and multimedia presentation of information. Of 466 web-education articles identified in a Medline search, 33.9% address some aspect of interactive web-education, primarily for undergraduate and graduate medical education. Study results are mixed, with some sources citing benefits (such as enhanced critical thinking skills) and others citing drawbacks (such as security, privacy, and general computer skills).

This session presents results from a small group (N=11) pilot test of an interactive web-education course on Alzheimer's Disease. (The interactive web-education site was developed as part of the author's doctoral course work at Virginia Commonwealth University.) 45.5% of subjects rated comfort level with the Internet as neutral or uncomfortable. However, only 18.2% found the site difficult to locate and navigate. Overall, 81.8% felt the site enhanced their understanding of the disease process. Expanded testing is underway.

HO'OLA IA O NA KUPUNA IHI (PRESERVING OUR ELDERS): A MULTISITE CURRICULA DEVELOPMENT PROJECT IN GERIATRIC/ GERONTOLOGICAL SOCIAL WORK

C. Browne, School of Social Work, University of Hawai'i, Honolulu, Hawai'i 96822

This is a multisite educational program in Honolulu, Hawai'i, that has as its focus the education and training of graduate students in geriatric and gerontological social work with emphases in interdisciplinary practice and cultural competence. Seven community-based agencies and organizations have joined forces with the University's School of Social Work in working to improve the care provided to frail older adults through the advanced education and training of social workers in aging services. In this poster session, we will describe the process and outcomes of the project. These include: (1) an expanded school curricula in aging; (2) the development of standardized learning competencies across practicum (field) sites with emphases on cultural competence and interdisciplinary practice; (3) collaborative problem-solving and program development approaches between the school and its community partners; and (4) culturally-competent educational materials developed by the project. With funds from local foundations, the poster session will also describe the funding process.

JUSTICE AND HUMAN STEM CELL RESEARCH

S. Arcona, Research Institute, St. Luke's Hospital, 801 Ostrum Street, Bethlehem, PA 18015

Human stem cells, including embryonic stem (ES) and germ (EG) cells, hold promise for treatment of cell-wasting diseases. In September, 1999, the National Bioethics Advisory Commission (NBAC) provided a report, *Ethical Issues in Human Stem Cell Research*, to President Clinton. The report suggested parameters for federal sponsorship of ES and EG research. The NBAC recommendations will exclude from future therapy elderly with moral objections to current cell derivation methods. This dilemma is acutely exacerbated by the NBAC's failure to consider that increasing public awareness of the sources and uses of stem cells precludes the temporal separation of the decision to discard an embryo created through IVF (to obtain ES cells) or to electively abort a fetus (to obtain EG cells) *and* the decision to donate an embryo or fetal tissue for stem cell research. This lack of temporal separation in the informed consent process arguably leads to an inability to pass the test of causal responsibility, at least for morally conservative elderly. Furthermore, morally conservative elderly cannot pass the test of symbolic alliance with embryo or fetal termination methods. The sole method of obtaining temporal and symbolic separation is donation of fetal tissue following spontaneous abortion. A precedent for this restriction on federal funding of stem cell research exists in NIH human fetal tissue bank research prior to PL103-43. The extent to which an adequate supply of cell lines would follow with this funding restriction in place has been ignored by the NBAC, but presents a solution potentially acceptable to all elderly. The most basic principle of justice is violated if all relevant policy alternatives are not considered and differential access to therapy results.

DEMENTIA RESEARCH ENROLLMENT DECISIONS: DOES RACE MATTER? GW Houghaın, DD Danner, DE Layman, MB Patterson, GA Sachs, for the DRIPAC Collaboration (Dementia Research: Informed, Proxy and Advance Consent). Univ. of Chicago, Dept. of Medicine (MC 6098), 5841 S. Maryland Ave., Chicago, IL 60637.

As part of an NIH-funded study on informed, proxy, and advance consent for Alzheimer disease (AD) research, we investigated the degree to which patient (pt) race is a factor in the decision to enroll in research trials. We used hypothetical research vignettes to investigate the differences between the enrollment choices of African-American (Afr-Am) and White pts. Methods: Pts with dementia were presented a series of hypothetical research vignettes representing a range of benefits and risks: tube of blood drawn for test for AD (TB); blood draw for genetics test (GT); experimental oral medication (NM); lumbar puncture for AD marker (LP); intracranial implantation of stem cells (SC). Pts were asked whether and why they would participate in each type of trial. Preliminary Results: 150 pt-proxy pairs interviewed across 3 sites (mean pt age 79; 62% female; 33% Afr-Am). When vignettes are ranked by willingness to enroll, rank order is the same for Afr-Am and White pts, but we found Afr-Am pts somewhat less willing (47% overall average) to enroll in research than White pts (58% overall), regardless of the type of trial offered.

(n=148)	TB	GT	NM	LP	SC
Afr-Amer (% 'yes')	82	63	45	35	12
White (% 'yes')	90	81	61	44	14

Conclusions: In this sample of cognitively impaired persons, Afr-Am pts report slightly lower levels of enrollment into hypothetical dementia research trials than do White pts, suggesting that future real trial recruitment efforts may need to adopt novel approaches if enrollment parity is to be achieved.

AT THE CROSSROADS OF NURSING HOME REFORM: LINKAGES BETWEEN INTERPERSONAL AND ORGANIZATIONAL ETHICS. B.A. Powers, University of Rochester, School of Nursing, Rochester, NY 14642.

This paper examines the interface between interpersonal ethics (involving values that guide clinical decision making in the care of individual nursing home residents) and organizational ethics (involving values that guide administration and management of the nursing home itself). It draws upon an ethnographic study of ethical issues affecting the everyday lives of nursing home residents with a diagnosis of dementia. Findings are organized around a taxonomy that concerns issues related to 1) learning the limits of intervention; 2) tempering the culture of surveillance and restraint; 3) preserving the integrity of the individual; 4) and defining community norms and values. The discussion focuses particularly on community norms and values that are shaped by linkages between interpersonal and organizational ethics. Research-based examples will be used to demonstrate this newly proposed integration of approaches to bioethics, the idea of which comprises a rapidly expanding field within the clinical ethics literature. The critical future impact that such an emphasis will have on policy and practice, considering current important movements toward nursing home reform, will be discussed.

ULTRASONOGRAPHIC FOLLOW-UP OF ABDOMINAL AORTIC SMALL ANEURYSM IN THE ELDERLY. IS IT COST-EFFECTIVE ?

L. Rigoni, D. Cullura, N. D'Aquaro, G. Annoni, C. Vergani

Geriatric Clinics, University of Milan and Ospedale Maggiore IRCCS, Milan, Italy

Abdominal aortic aneurysm (AAA) is an important cause of preventable death in older persons. Aneurysm size and expansion rate are related to the risk of rupture. Surgical repair is indicated for AAA more than 50 mm in diameter and the mortality rate is less than 5 percent. The high frequency of AAA in the elderly (3 to 6 % in men, 1.5 % in women) may justify screening programs with ultrasonography (US).

Aim of the study is to asses efficacy and cost-effectiveness of the US follow-up in elderly patients with small AAA.

Thirty-six patients (25 men, 11 women) with AAA were identified in 800 individuals who underwent consecutively to abdominal ultrasound scan. Mean age was 71 ± 4.2 years (range 64 - 90). They were classified in 3 groups according to AAA size: 23 patients had AAA with diameter from 30 to 39 mm (group I), 6 AAA from 40 to 49 mm (group II) and 7 aneurysm greater than 50 mm (group III). The timing of US measurement was every 12 months for group I and every 6 months for group II (but a surgical evaluation was required for this patients in any case). Surgical option was recommended for patients with large aneurysm (group III). Our data show a mean expansion rate of 0.6 mm/year (range 0-4) for small aneurysms (diameter < 40 mm) and of 5.0 mm/year (range 5-6) for group II. Nevertheless 4 patients (66 %) of the group II underwent to surgical treatment within 1 year from the diagnosis. Five patients with large AAA (> 50 mm) had aortic reconstruction and 2 refused the surgery and were lost to follow-up.

Our data confirm the usefulness of screening programs. The surgical treatment should be considered in every case for aneurysms greater than 40 mm. Small aneurysms (< 40 mm) show slow expansion rate that make uncertain the advantages and the cost-effectiveness of frequent US follow-up.

ULTRASONIC IMAGE ANALYSIS OF THE CAROTID WALL AND CORRELATION WITH THE EVOLUTION OF THE PLAQUE

D. Cullura, L. Rigoni, E. Morello, F. Annoni, G. Annoni, C. Vergani

Geriatric Clinics, University of Milan and Ospedale Maggiore IRCCS, Milan, Italy

A more dishomogeneous echo structure of the plaque, as the relative content of lipids (hypoecoic), fibrous tissue (hyperecoic) and calcific deposits (very echogenic with shadowing) is associated with an increased risk of developing atherosclerotic vascular syntomatic or asyntomatic desease. The most commonly used classification is the one described by Gray-Weale who defined 4 plaques types in order to "instability" (from 1 type hypoecoic, "soft plaque", with elevatede risk of embolization at 4 type hyperecoic, "hard plaque" very steady). Two hundred and fifthy seven patients (91 men,166 women) aged 65-92 yrs, mean age (SD)= 74 y (6) underwent an ultrasound examination with mesurement of intima-media thickness, marker of atherosclerosis, the evaluation of echo structure of the plaque and the severity of the carotid stenosis. In our study the higher frequency of carotid plaques were type 3-4 and fourteen of the sixteen hemodynamic significative stenosis were type 2 and only two plaques were anechoic or type 1. A clinical and ultrasound follow up at 3-5 yrs showed an evolution of the plaque with a develop of stenosis in the 3,6%. These plaques had changed there echostructure begining more hypoecoic. Therefore, nobody was syntomatic for cerebrovascular disease.

In conclusion, an early ultrasound echostructure study can predict the evolution of the atherosclerotic plaque showing the treatment ed the follow-up.

ULTRASOUND BONE MEASURES IN ELDERLY WITH ASTHMA AND COPD TREATED WITH INHALED CORTICOSTEROIDS.

I. Dallera, M.C. Sandrini, A. Rasario, M. Zanetti, G. Giardini, . L. Pezzoli, A. Cavedon, G. Annoni.
Dept. Geriatrics, IRCCS Ospedale Maggiore, University Study Milan and Milan Bicocca, Italy.

Up to now few data are available regarding the effect of inhaled corticosteroids on bone metabolism, although the use of these drugs as a first-line treatment in bronchial asthma is wide and debated in COPD.

Therefore in 42 elderly with COPD or asthma aged 65-90 yrs [31 F: mean age (SD) = 76.3 y (6.2) - 11 M: mean age (SD) = 78.6 yrs (7.5)] compared with 42 age matched elderly [31 F: mean age (SD) = 75.5 yrs (6.6) and 11 M: mean age (SD) = 77.1 yrs (7.4)] without pulmonary diseases, we determined the effect of inhaled beclomethasone (1000 µg die for six months) on the ultrasound bone parameters (BUA = broadband ultrasonic attenuation, SOS = speed of sound, Stiffness = combination of BUA and SOS) obtained at the calcaneus with a Lunar Achilles ultrasonic instrument.

The two groups of patients were similar for anthropometric and clinical variables (BMI, smoke exposition and age of menopausa). The relationship between SOS, BUA and Stiffness in two groups were analyzed with T Student's test. No difference between mean of BUA and SOS was observed in two groups while the Stiffness values (correlated with high risk of fractures) were significantly lower in patients treated with corticosteroid ($p < 0.0001$), both in males and females. Our data suggest the necessity of an evaluation of bone status in the elderly with asthma and COPD before and during inhaled corticosteroid treatment.

IMPACT OF ARTHRITIS ON DISABILITY AMONG OLDER MEXICAN AMERICANS.

Soham Al Snih, Kyriakos S. Markides, Glenn V. Ostir, James S. Goodwin,. 301 University Boulevard. Sealy Center on Aging. University of Texas Medical Branch. Galveston, Texas. 77555-0460.

Objective: To estimate the impact of self-reported diagnosis of arthritis at baseline on the two year incidence of limitation in activities of daily living and instrumental activities of daily living in initially nondisabled Mexican American Elderly. **Design:** Longitudinal study. **Setting:** Southwestern United States (Texas, New Mexico, Colorado, Arizona and California). **Subjects:** A probability sample of 2,167 non institutionalized Mexican-Americans men and women aged 65 or older. **Measures:** Include having ever been told by a doctor that a subject had arthritis, Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), depressive symptomatology, presence of chronic diseases (diabetes mellitus, heart attack, stroke, cancer) and Body Mass Index. **Results:** Among nondisabled persons at baseline, 11.2% of subjects with arthritis reported at least one ADL limitation two years later in comparison to 6.9 % of subjects without arthritis. Similarly, among nondisabled persons at baseline, 34.7% of subjects with arthritis reported at least one IADL limitation two years later in comparison to 27.0 % of subjects without arthritis. In logistic regression analysis, depression, diabetes, and arthritis were found to be predictive of development of ADL disability, controlling for sociodemographic variables. **Conclusions:** Subjects with arthritis were more likely to develop ADL and IADL disability over the next two years than those without arthritis.

LONGITUDINAL CHANGES IN CARDIOVASCULAR RISK PROFILE IN RELATION TO MORTALITY IN THE ELDERLY. THE BERLIN AGING STUDY (BASE)

R. Nieczaj, M. Borchelt, E. Steinhagen-Thiessen,
Geriatrics Research Group, Humboldt-University Berlin,
Reinickendorfer Str. 61, 13347 Berlin, Germany

Comprehensive epidemiological studies and intervention trials of the past decades have confirmed the relationship between atherosclerosis and a number of risk factors which include genetic factors, health condition and lifestyle factors on middle aged and „young old" persons (50 to 70 years). The aim of our study was to investigate the relationship between changes in vascular risk-profiles and 4-yr. mortality in a population of advanced old age.

Longitudinal data of the Berlin Aging Study - BASE - (including thorough medical examination, technical procedures, laboratory findings, structered and validated case histories) were used to analyze changes in vascular risk profiles comprising lipid parameters (total-, HDL-, LDL-cholesterol, triglycerides), health conditions (diabetes mellitus, hypertension) and lifestyle factors (exercising, smoking, body weight). Alterations of risk profile patterns were related to mortality to determine the predictive value of these factors for mortality based on the initial sample of N=516 individuals aged 70 to 103 years.

Cross-sectional as well as preliminary longitudinal analyses of changes in vascular risk profile pattern show an increased mortality in participants classified into a higher risk group (diagnosis of diabetes and transition to LDL-cholesterol exceeding 155 mg/dl).

EFFECTS OF PELVIC MUSCLE EXERCISE TRAINING ON URINARY SYMPTOMS AND QUALITY OF LIFE POST-PROSTATECTOMY

J.P. Robinson, M. Pickett, T. Avi-Itzhak, C. Bradway, E. Giarelli, R. McCorkle, Rutgers, The State University of New Jersey, College of Nursing, Newark, NJ 17102

Radical prostatectomy renders most men incontinent of urine for some period of time following surgery. This is a distressing event that occurs within the context of a cancer diagnosis and major surgery, with significant potential to diminish quality of life. This study examined differences in urinary symptoms and quality of life in 100 radical prostatectomy patients, 50 of whom were randomly selected to receive a 4-week course of biofeedback-assisted pelvic muscle exercise training (PME) one week following catheter removal. All subjects completed male versions of the Urogenital Distress Inventory (UDI) and Incontinence Impact Questionnaire (IIQ) at 1 month, 3 months, and 6 months following surgery. T-tests were performed to detect differences in mean UDI and IIQ scores of treatment and control groups at all data collection points. Preliminary results suggest no differences in urinary symptoms or quality of life between treatment and control groups. We conclude that biofeedback-assisted PME training in the early post-operative period may not influence urinary symptoms or quality of life in men following radical prostatectomy, but recommend further examination of this intervention given limitations inherent in this study.

Funding Source: *The American Cancer Society*

POLYPHARMACY AND EFFECTS ON OUTCOMES IN YOUNGER AND OLDER HOSPITALIZED PATIENTS

U. Javaid, H. K. Kamel, A. Khan, J.E. Morley, Division of Geriatric Medicine, SLU School of Medicine, 1402 S. Grand, M238, St. Louis, MO 63104.

We reviewed 1000 consecutive admissions to a university teaching hospital, of which 48% were 65 years or older. 55% of older patients ($\geq$65 years) were on $\geq$5 medications on admission compared to 45% of younger (<65 years) patients, $p<.005$. The number of medications on admission associated significantly with the diagnosis of congestive heart failure, diabetes mellitus, coronary artery disease, chronic obstructive pulmonary disease, hypertension, and chronic renal failure, but not with dementia, depression, stroke, cancer, anemia, or presence of pressure ulcers. There was a trend of increased incidence of delirium among patients on $\geq$ 5 medications on admission compared to patients on < 5 medications (13.4% vs. 11%), with the difference being statistically insignificant.

Older patients on $\geq$5 medication had longer length of hospital stay (LOS) compared to those on <5 medication (M±SE) (7.7±.5 vs. 6.4±.4, $p<.05$). LOS in younger patients showed a similar trend (6±.5 vs. 5.5±.4) with the difference being statistically insignificant. In-hospital mortality was not related to Number of admission medication in either age groups.

We conclude that older patients were more likely to be taking more medications compared to younger patients. This related to prolonged LOS but not to mortality.

DETERMINENTS OF NONRECOVERY FOLLOWING HIP FRACTURE IN OLDER ADULTS: A CHRONIC DISEASE TRAJECTORY ANALYSIS

D.K. Dawson, Human Development, Virginia Polytechnic Institute and State University, Blacksburg, VA 24061

Hip fracture in older adults may be the sentinel event leading to functional decline, disability, and death. Guided by a chronic disease trajectory model, the purpose of this study was to examine the differences between older persons with hip fracture who recover fully and those individuals who do not fully recover. Data were collected from the medical records of 102 persons aged 60 years and older who sustained a fractured hip from 1993 to 1998. The analysis consisted of a two-step hierarchical logistic regression model with the control variables of age, prefracture ambulation status, and prefracture cognitive status entered first and type of therapy program, frequency of therapy, number of therapy provider organizations, and location of therapy at 4 weeks entered second. Significance of the final model was observed, $\chi^2(7, \underline{N} = 99) = 43.55$, $\underline{p} < .05$. Significant individual predictors ($\underline{p} < .05$) in the model were prefracture ambulation status and cognitive status. Post-hoc analysis of the cases revealed a substantial lack of stability in functional status from 3- months post-fracture to the 6-month and one-year follow-up. Findings support previous studies indicating the importance of prefracture personal characteristics in predicting successful recovery.

SOCIAL SERVICE CHOICES AMONG OLDER AND YOUNGER VISUALLY IMPAIRED ADULTS

M Swanson, D DeCarlo, Department of Optometry, University of Alabama at Birmingham, Birmingham Alabama 35294-0010

Background: Rehabilitative services for the visually impaired have developed along a very different model than services for other medical conditions. Vision rehabilitation follows an educational model allowing patients to choose from a menu of services rather than have specific services prescribed. **Method**: This descriptive study reviewed the records of 224 consecutive visually impaired patients presenting to a low vision service. The number and type of ancillary social service choices of older adults(>55) were compared to those of younger adults(<55). **Results**: Ancillary services were requested by 28/49(57%) younger adults and by 113/175(65%) older adults. Differences in the proportion of requests for additional services by age was not significant OR 1.37(.74, 2.53). A much higher percentage of older adults did request multiple services compared(56%) to younger adults(29%). Visual acuity was significantly poorer for older adults who did request ancillary services(t 1.96 p=.05) compared to older adults who did not. **Conclusion**: Older adults request ancillary social services at rates similar to that among younger visually impaired. Poorer visual acuity appears to be associated with greater social service needs.

PARTICIPATION IN ADVANCED ACTIVITIES OF DAILY LIVING IN COMMUNITY DWELLING OLDER WOMEN

W.S. Queale, L. Fried, Johns Hopkins Medical Institutions, 2024 E. Monument St., Baltimore, MD 21205

Advanced Activities of Daily Living (AADLs) are high level functional tasks which are not necessarily required to live an independent life. Regular participation in these tasks may provide higher levels of physical, cognitive and social stimulation which could reduce the onset of premature disability. The purpose of this study was to describe the number of AADLs in which subjects participated on a regular basis and determine predictors of the engagement in multiple activities. This was a prospective study of 232 women ages 70-80 years enrolled in the Women's Health and Aging Center II. Exposure variables were assessed at baseline. The number of AADLs participated in on a weekly basis was assessed at 18 months. The following activities were considered AADLs: gardening, attending movies, attending concerts, visiting relatives, attending church, participating in church organizations, volunteering, assisting family members, taking classes, sewing, listening to music, drawing, reading a book, doing a crossword puzzle, dancing, bowling and exercising. Multiple linear regression was used to identify independent predictors of the number of AADLs in which subjects regularly participated. 13.2% of the women were African American and 44.1% had >12 years of education. The mean number of AADLs in which subjects regularly participated was 4.3 +/- 2.0. Independent predictors of the number of AADLs in which subjects regularly participated included difficulty driving (beta -0.73 [95%CI -1.25, -0.21]), difficulty getting in and out of a car (beta -0.71 [95%CI -1.31, -0.12]) and a history of lung disease (beta -1.32 [95%CI -2.19, -0.44]). Community dwelling older women regularly participate in a wide variety of advanced activities. Women who report difficulty driving, difficulty getting in and out a car and a history of lung disease engaged in a lower number of AADLs. Aggressive treatment of pulmonary diseases and improving access to transportation, therefore, may be effective means by which older adults can be encouraged to participate in, and gain the benefits of, these advanced activities.

SLEEP DISTURBANCES AND MORTALITY: RESULTS FROM THE CANADIAN STUDY OF HEALTH AND AGING

K. Rockwood[1], H.S. Davis[1], H.R. Merry[1], C. MacKnight[1], I. McDowell[2]
[1]Department of Medicine, Dalhousie University, Halifax, Nova Scotia, Canada [2]Department of Epidemiology and Community Medicine, University of Ottawa, Canada

Daytime sleepiness has recently been shown to be associated with an increased risk of death. We undertook to cross-validate and extend this novel observation, in a secondary analysis of the Canadian Study of Health and Aging (CSHA). The CSHA is a representative elderly sample of 9,008 community dwelling Canadians aged 65 and over, designed to investigate the prevalence and incidence of dementia. Of the three sleep disturbances investigated (tendency to sleep all day; referred to as daytime sleepiness, difficulty falling asleep, and early awakening in morning), only daytime sleepiness was significantly associated with five-year mortality in unadjusted Cox hazard models (HR 1.89; 95% CI 1.44-2.46). However, it did not remain significant in a multivariate model adjusted for age, depression, cognition, co-morbid illness and function. In contrast, feeling "tired all the time" did show a significant relation to mortality in the same multivariate model (HR 1.54; 95% CI 1.15-2.07). Although daytime sleepiness is the sleep disturbance symptom most closely related to mortality, it appears that it may have greatest value as an indicator of tiredness. Self-report surveys can use such questions better to identify those at greater risk of poor health outcomes.

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ADEQUACY AND EQUITY IN SOCIAL SECURITY REFORM

V. Reno, National Academy of Social Insurance, 1776 Mass. Ave. #615, Washington, DC 20036.

PARTICIPANTS:

A. Munnell (Boston College, Chestnut Hill, MA 02167) The Balance of Adequacy and Equity in Social Security Today and Implications for Reform.

C. E. Steuerle (Urban Institute, Washington, DC 20037) Criteria for Evaluating Adequacy.

E. Rodriguez (National Council of La Raza, Washington, DC 20036) Retirement Income Issues and Concerns for Hispanic Americans.

K. Kijakazi (Center on Budget and Policy Priorities, Washington, DC 20002) Proposals to Improve Income Adequacy for Vulnerable Groups of Elderly Americans.

J. Entmacher (National Women's Law Center, Washington, DC 20036) Proposals to Improve Adequacy and Security for Low-income Older Women.

DISCUSSANT:

L. Jacobs (Univ. of Minnesota, Minneapolis, MN 55455) (invited)

Proposals for restoring long-term solvency in Social Security will be a key part of the election year debate. The debate on solvency is an occasion for rethinking Social Security's role in ensuring a basic adequate income to older Americans. The session will discuss and evaluate the effectiveness of existing adequacy features, such as family and survivor benefits, protections for low-paid workers, and cost of living increases in advanced old age. The session will assess the income of vulnerable groups of older Americans today and it will assess the pros and cons of various plans that aim to improve the adequacy of benefits for vulnerable groups of older Americans in the future.

8

DRIVING ASSESSMENT: DEVELOPMENT, TESTING, AND IMPLEMENTATION IN DIVERSE SETTINGS.

R Marottoli, VA Connecticut and Yale University School of Medicine, New Haven, CT 06510

Participants:

R Marottoli (VA Connecticut and Yale University, New Haven) Assessment Strategies in Physicians' Offices.

S Samson (Area Agency on Aging, St Petersburg, FL 33702) Application and Testing of Driver Assessment Strategies in the Community.

R Raleigh (Maryland Motor Vehicle Administration) Development and Testing of a Model Driver Licensing Program in Maryland

B Fildes, N Pronk, J Langford, M Hull, B Frith (Monash University Accident Research Centre, Victoria, Australia). Pilot Study of a National License Assessment Program for Older Drivers in Australasia.

K Ball, D Roenker, G Cissell (Univ of Alabama at Birmingham, Birmingham, AL 35294 and Western Kentucky Univ., Bowling Green, KY 42101) Challenges to Driver Assessment in a Variety of Field Sites.

Discussant: J Eberhard (National Highway Traffic Safety Administration)

The safety of older drivers has received increased attention as our population ages. How best to evaluate the safety of a driver and where this should be accomplished are frequently raised questions. Considerable research has been done in recent years on approaches to determining the safety of older drivers. This symposium will discuss the development and testing of a number of such approaches, as well as implementation in a variety of settings such as physicians' offices, community agencies, and licensing agencies. The policy implications of assessment will also be addressed.

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CRITICAL ISSUES IN INTERVENTION RESEARCH WITH ALZHEIMER POPULATIONS

R.M. Tappen, College of Nursing, Florida Atlantic University, 777 Glades Road, Boca Raton, FL 33431

PARTICIPANTS:

K.E. Roach, (Division of Physical Therapy, University of Miami, Coral Gables, FL 33146) Reliability and Validity Concerns in Measurement of Function and Physical Performance.

D. Loewenstein & T. Arguelles (Wien Memory Disorder Center, Mt. Sinai Medical Center and University of Miami, Miami, FL 33140) Cross-Cultural Issues in Cognitive Assessment.

P. Kronk (College of Nursing, Florida Atlantic University, Boca Raton, FL 33431) Increasing Compliance with Treatment Protocols.

C. Williams, (VA GRECC, Miami FL 33125 & School of Nursing, University of Miami, Coral Gables, FL. 33146) Barriers to Recruitment and Obtaining Informed Consent in a Hispanic Population.

T. Touhy (College of Nursing, Florida Atlantic University, Boca Raton, FL 33431) Effect of Changing Case Mix on Subject Selection.

DISCUSSANTS:

C. Kovach (College of Nursing, Marquette University, Milwaukee, WI 53201)

J. Bludau (Joseph L. Morse Geriatric Center, West Palm Beach, FL 33417)

Clinical trials involving a demented population present unique challenges to researchers. For example, many standard measures of function and physical performance are difficult to use with subjects who cannot understand and follow instructions. Built-in cultural, geographical and language biases may skew cognitive/neuropsychological test scores. Subject selection and the consent process are affected by a number of factors including changing case mix and family response to effects of the disease. Finally, treatment fidelity may be highly sensitive to training and approach of those providing the intervention. Data from several completed and ongoing studies will be presented by panelists. Models for addressing these challenges will be discussed.

10

FROM THE EXPERIMENTAL TO THE CLINICAL AND BEYOND: NEW QUANTITATIVE METHODS FOR RESEARCH ON AGING

K. Bandeen-Roche, Department of Biostatistics, Johns Hopkins University, 615 N Wolfe St., Baltimore, MD 21205.

PARTICIPANTS:

J.-L. Wang (University of California, Davis, CA 95616-8705) Nonparametric Statistical Methods for Longitudinal Data in Experimental Aging Studies.

J.W. Hogan, M. Daniels (Brown University, Providence, RI 02912) The Importance of Sensitivity Analysis in Analyzing Longitudinal Clinical Trials with Dropout: A Growth Hormone Example.

K. Tilling (King's College London, UK) Examining Change in Outcomes over Time: Use of Multilevel Growth Curves to Model Stroke Recovery

R. O'Hara, H.C. Kraemer, J.L. Taylor, A. Noda, J.A. Yesavage (Stanford University School of Medicine, Stanford, CA 94305-5550) Determining Complex Interactions among Genetic, Environmental, Psychological and Biological Factors in Aging Research.

DISCUSSANT:

L. Ferrucci (National Institute for Research and Care in Aging, Florence, Italy).

Mitigating and delaying health deterioration in late life are increasingly recognized as essential public health goals. Critical data toward achieving these goals are being generated by research spanning the scientific spectrum—from laboratory investigations of aging mechanisms, to evaluations of clinical therapies and outcomes, to large-scale studies of biologic, environmental and social influences on older persons' health. This symposium presents novel quantitative methods that are being designed to most effectively utilize the complex information such data increasingly provide.

Specifically, this symposium proposes new statistical methods to improve: (1) delineation of factors impacting the life span, using frequently measured experimental data; (2) assessment of how selective participant dropout affects intervention trial inferences; (3) the accuracy and precision of making prognoses following catastrophic health events; and (4) ascertainment of the mechanisms by which biologic, environmental, and social influences combine to determine older persons' health. Discussion will highlight both the methods' gerontologic import and opportunities for improving their import. This session aims to provide gerontologic researchers new analytic strategies to optimize their substantial research investments in their data.

11

ETHNIC DIFFERENCES IN THE PREVALENCE OF CHRONIC HEALTH CONDITIONS: AN EPIDEMIOLOGICAL PARADOX

Melanie L. Wong, Eileen M. Crimmins, Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191

The purpose of this study is to investigate the prevalence of chronic conditions across four ethnic groups (Whites, African Americans, Asians, and Hispanics) to determine whether Asian and Hispanic foreign-born populations differ in morbidity from their U.S. born counterparts. It was hypothesized that foreign-born Asians and Hispanics would have a healthier profile or lowered prevalence of health problems compared to Whites, African Americans, U.S. born Asians and U.S. born Hispanics. Further, our intention was to test whether the favorable health status found in these ethnic groups can be explained by the healthy migrant hypothesis or psychosocial/cultural factors.

Data came from Waves I (1998) and II (1999) of the California Work and Health Survey (n=2590). Thirteen health conditions (heart problems, lung problems, hypertension, cancer, diabetes, migraines, asthma, carpal tunnel syndrome, ulcer, kidney problems, back problems, arthritis, and depression) were regressed on demographic factors, socioeconomic factors, health behaviors, social support, and health insurance. Results indicate that after controlling for all variables, foreign-born Hispanics were on average healthier than U.S. born Hispanics as well as all other ethnic groups. Foreign-born Asians were found to be healthier in only a few health conditions, however, they have a higher prevalence of hypertension and depression. In addition, it was found that psychosocial/cultural factors explain some of the differences found between the foreign-born Hispanics and other ethnic groups. Of particular relevance are health behaviors and some of the social support variables. Thus, the healthy migrant hypothesis is supported. It is likely that selection is a key factor in the "epidemiological paradox". Further, it is suggested that healthy migrants maintain healthy behaviors and social contact as they integrate into U.S. society thus accounting for their overall healthier profile.

NEGATIVE EMOTION AND HEALTH IN A CULTURAL CONTEXT

C. Magai & N. Consedine, Long Island University, 1 University Plaza, Brooklyn, NY 11201

The relations among patterns of emotional experience, emotional inhibition, and physical health have come under increasing scrutiny in the study of older adults. One important reason for this is that different patterns of emotion and inhibition are thought to have different consequences for physical health. However, there has been little examination of how these variables relate to the differential patterns of physical health and illness across different ethnic groups. Ethnicity may well be a variable of direct interest to emotion-health researchers in that different ethnic groups are reared in different socioemotional contexts that may influence health related behaviors and emotional patterns. As such, comparisons across ethnic groups provide a unique opportunity to more closely examine the relationships between emotions and health. Groups of African and European Americans, as well as two immigrant groups (from the USSR and the Caribbean) were studied in order to evaluate the health correlates of negative emotion and emotion inhibition (N = 1118, Mean age= 74 years). As predicted, scores on trait emotion for negative emotions were a significant predictor of illness, even when demographics, risk factors, social support, and stress levels were controlled for in all four groups. Emotion inhibition was positively related to illness for one condition in African Americans. However, it was negatively related to a number of health dimensions in the immigrant White group. Perhaps most importantly, the predictive utility of the measures employed varied considerably across the four groups. Stress was unrelated to physical ill-health for the immigrant White sample, for whom emotion inhibition was a more reliable predictor.

THE EFFECTS OF RACE ON THE STRESS PROCESS IN CAREGIVERS OF PERSONS WITH ALZHEIMER'S DISEASE

M.M. Neundorfer, T. Fritsch, K.A. Smyth.
University Alzheimer Center, 12200 Fairhill Rd.
Cleveland, OH 44120.

Despite a growing literature on the differences and similarities between African American and White (non-Hispanic) AD caregivers, little is known about the process influencing caregiving outcomes in these groups. This study used path analysis to test whether race contributes directly to caregiver depression (CES-D), or indirectly through caregiver overload and role captivity, controlling for other caregiver characteristics (gender, self-reported health, income, relationship, and informal support) and patient characteristics (number of problem behaviors and dependency in instrumental activities of daily living). In a sample of 23 African Americans and 173 White caregivers, controlling for other variables, race (White) contributed directly to higher overload. Race (White) had a weak direct effect on role captivity, but no direct effect on depression. Race (White) had a weak indirect effect on both role captivity and depression through overload. It appears that the primary effect of race on the stress process is on appraisal, i.e., African Americans appraise caregiving as less overwhelming. As a result, African Americans also might feel less trapped and less depressed. (P50 AG08012)

THE PROBLEMS OF GROWING OLDER - DOES RACE MAKE A DIFFERENCE?

B.M.Barer, Medical Anthropology, Univ. of California, San Francisco, CA 94143-0850.

This paper compares a sample of older Whites and African Americans aged 65 to 84 on the problems they encounter in daily life. Despite differences in education and occupational opportunities, and the experience of prejudice and discrimination among the Blacks, the majority of both groups reported similar concerns. Problems with declining health, money matters, and family issues were most common. While these similarities are age-related, the coping mechanisms differ prominently by race. Whites cope singly and independently utilizing a range of strategies. These include denial, keeping feelings to themselves, and "getting busy" as a diversionary tactic. In contrast, Blacks turn to their strong family and friendship networks and are additionally supported by their church community and religious faith.

DOES INTACT PAIR STATUS MATTER IN THE STUDY OF AFRICAN AMERICAN TWINS?

D.T. Brandon, K.E. Whitfield, & S.A. Wiggins
Department of Biobehavioral Health, Penn State University, 16802.

In twin research, typically both members of a pair must participate. Survivorship of intact pairs compared to singletons may reflect differences in psychosocial and health factors, and represent a bias relative to the general population. The purpose of the present study is to examine health, cognition, and well-being among African Americans who are members of twin pairs compared to singletons. Data from the Carolina African American Twin Study of Aging (CAATSA) were used for analyses. Subjects ranged in age from 44-89 years of age (x=61.37, SD=10.80). CAATSA uses a 3 hour protocol to collect data on demographics, health, cognition, and well-being. Data from one randomly selected member of each twin pair (N=59) was compared to data from singletons (N=32). The results indicated significant differences on 8 of the 38 measures (i.e., mean standing and sitting systolic and diastolic blood pressure, cognitive impairment score, digit symbol, and logical memory). In each case, members of intact twin pairs performed better than singletons. It appears that using only pairs in research on older African Americans twins may represent a bias in estimating variability in cognitive functioning and to a lesser degree health but not psychological well-being.

RISKS, KNOWLEDGE AND SUSCEPTIBILITY OF OLDER AFRICAN AMERICANS TOWARDS HIV/AIDS.

F. Jackson, Resource Center for Minority Aging Research, Henry Ford Health System, One Ford Place, Detroit, MI 48202; Oakland University, School of Nursing, Rochester, MI 48309

Between 1992 and 1996, the CDC reported that HIV increased in older adults by more than 20%. Yet most HIV/AIDS interventions are still targeted towards young adults. The purpose of this study was to measure the knowledge, risks, and perceptions of susceptibility of older adults towards HIV/AIDS. The AIDS Questionnaire by Molly Rose was mailed to 500 randomly selected African Americans age 50 and older. The return rate was 31% (n=155). More than 30% of subjects believed one could contract HIV from kissing, from donating blood and that the cause of HIV is unknown. Most of the subjects were celibate. Of those sexually active with more than one partner, only 16% always used a condom. A significant portion of the sample felt at risk for acquiring HIV with 46.2% admitting they were worried about getting AIDS, and 57.9% were either unsure or believed they were susceptible. These fears exist even though 67.1% believed their chances of getting AIDS was low. A majority, 58.9%, believed AIDS is not a problem among older adults. Discussions held with 6 focus groups confirmed these findings and provided insight into reasons for certain decisions and beliefs held by this population.

ARTHRITIS, DEPRESSION, AND PAIN AMONG OLDER AFRICAN AMERICANS

T.A. Baker and K.E. Whitfield
Department of Biobehavioral Health, The Pennsylvania State University, 16802.

Arthritis is a chronic debilitating condition that affects nearly 4 million African Americans in the United States. By the year 2020, the number of self-reported cases is expected to increase to 7 million. The prevalence of arthritis among African Americans is more common than heart disease, diabetes, and chronic bronchitis. Previous studies suggest that having a severe and debilitating chronic illness impacts dimensions of physical and mental health. The purpose of this investigation was: 1) to examine group differences in reports of depressive symptoms among arthritic and non arthritic older African Americans and 2) to examine if older arthritic African Americans with pain report more depressive symptoms than those without pain. Analyses were conducted on 457 community dwelling African Americans from The Baltimore Study of Black Aging (BSBA). The sample had a mean age of 65.8 (SD=8.9) years. An examination of depression, pain, and arthritis showed significant differences with arthritic adults reporting more pain and depressive symptoms than those without arthritis. Furthermore, arthritic adults with pain reported more symptoms of depression compared to the arthritic adults who did not report pain. This investigation concurs with the growing literature on the biobehavioral relationship between arthritis and mental health among aged minority populations.

AFRICAN-AMERICAN ELDERS AND HEALTH IN OLD AGE: CULTURAL AND SOCIOECONOMIC PERSPECTIVES ON HEALTH ASSESSMENT IN A PHILADELPHIA NEIGHBORHOOD

Carmit K. McMullen (Case Western Reserve University)

African Americans between the ages of 65 and 75 are among the least likely members of our society to experience healthy aging. They represent an important and growing target group for clinical and public health interventions. Findings are presented from a focused ethnography on the meanings of health for elders in this age group who live in an African-American neighborhood of Philadelphia, PA. Data include repeated in-depth interviews with 20 elders and long-term observation of health promotion activities at two senior centers. Results show that health, as it is actively constructed, negotiated and evaluated by elders and health professionals, reflects the broader socioeconomic and political systems of everyday life. Excerpts from interviews and examples of successful and failed health promotion efforts will illustrate the need for: (1) taking account of culturally-relevant goals and criteria for assessing health; (2) recognizing the links between social inequality and the experience of health. Implications for promoting "healthy aging" in minority populations are discussed.

USING THE THEORY OF CULTURE CARE DIVERSITY AND UNIVERSALITY TO IMPROVE HEALTH CARE FOR NATIVE AMERICAN ELDERS

Deborah Richey Wittig and Kay Foland, South Dakota State University, Brookings, South Dakota 57007

Native Americans elders experience a high rate of preventable acute and chronic illness that reduces the quality and duration of their lives. Male members of the Ogalala Sioux tribe who reside on the Rosebud Reservation in South Dakota have the lowest life expectancy in the United States at only 56 years. The purpose of this study is to develop a culturally congruent program designed to teach preventive health care and chronic disease management for elderly Native Americans by reducing barriers to health literacy as well as updating specific medical knowledge of nurses caring for these individuals. Nursing faculty from South Dakota State University are working closely with Native American elders to ensure that the program is customer driver and culturally appropriate through ongoing contributions of interviews, and evaluations by elder tribal members. This project was conceptualized using the Theory of Culture Care Diversity and Universality. According to the theory, care is universal, but the patterns and modes of care vary across groups of people and cultures. Input form the elders indicated a need to include the following modules under the teaching program entitled, "Native American Health Care - The Four Component of the Spirit," (1) Balance: A Native American Perspective: Past, Present, and Future, (2) The Aging Process, Disease Prevention, and Health Promotion, and (3) An

Overview of Prevention and Treatment of Substance and Elder Abuse. The model will be presented to 350 Indian Health Service nurses working for the Aberdeen Area Indian Health Service and serving approximately 10,000 Native Americans.

Traditions of Rural Navajo Elders and the Health Care Professional. Judith Bunnell Sellers DNSc, FNP-c, Associate Professor, Northern Arizona University, Department of Nursing, Flagstaff, AZ.

Cultural sensitivity is touted by health care professionals as a basis for health care. However, the professional often guides the client into making decisions based on professional backgrounds and personal beliefs. In addition, interviewing techniques and instruments are not culturally sensitive and, in the case of the Navajo, non-existent. Navajo traditionaly beliefs, beginning in childhood and carried into elder years, guide daily living and health care decisions of the elder Navajo, often in opposition to the decisions the health care professional believe important.

This poster provides insight into traditional beliefs and practices of a group of 10 Navajo elders living in rural Northern Arizona. Information was gathered using the life review process by Navajo interviewers. The presentation discusses the themes derived from the life reviews and will describe the sample according to demographic parameters. Given the data, suggestions for culturally appropriate health care interactions are provided.

The Influence of Sociocultural Risk Factors on the Disablement Process among Older Mexican Americans. M. Kristen Peek, University of Texas Medical Branch, 301 University Blvd., Division of Sociomedical Sciences, Galveston, TX 77555-1153. Kyriakos S. Markides, UTMB. Kenneth J. Ottenbacher, UTMB. The process of becoming disabled and recovery from disability has largely been overlooked in research focusing on older Hispanic adults. Moreover, the role that sociocultural risk factors may play in the disablement process has not been examined among the older Hispanic population. We examine the influence that degree of acculturation, nativity, and migration experience have on the disablement process in older Mexican American adults. Using two waves of data from the Hispanic Established Populations for the Epidemiologic Study of the Elderly (n = 2439), the hypothesis that sociocultural risk factors have a role in the disablement process is tested using structural equation models (LISREL 8.30). Results indicate that both nativity (being US born) and acculturation (interview given in Spanish) are directly associated with lower levels of disability (beta = -.07, $p < .01$; beta = -.07, $p < .01$). Moreover, acculturation is associated with increased levels of functional limitations, while nativity is associated with decreased levels of limitations. In conclusion, sociocultural risk factors appear to have differential effects on the disablement process. Sociocultural factors should be accounted for in theories and models focusing on health and disability among older Hispanic adults.

Rural Mexican American Elders Health Perceptions and Needs. Guadalupe Woodson, MS, FNP: Judith Bunnell Sellers, DNS-c. Northern Arizona University, Department of Nursing, Flagstaff, AZ.

Cultural sensitivity is an important tenet for health care providers especially with the projected growth of minority populations. The Hispanic population is expected to quadruple by 2015. Currently, about 49% of the Hispanic population are Mexican Americans. Often, health care providers make assumptions about needs based on personal beliefs and use data gathered with instruments not cultrually sensitive. The purpose of this presentation is to proved insights into the needs of Mexican American elderly living independently in rural Arizona. In addition, suggestions about approaches to health care by providers will be discussed

In-depth interviews in Spanish were completed on 4 Mexican Americans, ages 74-94. Results indicated that Mexican American elders may have values that run contrary to health care professional beliefs. Included: health is not being sick, living alone independently is important, organized group activities are unimportant, and illness should be treated by "lying down".

CORRELATES OF PAPANICOLAOU SMEAR USE IN ELDERLY MEXICAN AMERICAN WOMEN

W.M. Randolph, D.H. Freeman Jr., J.L. Freeman, Department of Preventive Medicine and Community Health & The Sealy Center on Aging, University of Texas Medical Branch, Galveston, TX 77555-1153

Cervical cancer is still a significant cause of mortality despite an effective screening technique and high cure rate when detected early. Previous studies have shown that older, Hispanic women are often less likely to have had a Papanicolaou (Pap) smear in their lifetime or to have been screened recently. The goal of this project was to identify correlates of cervical cancer screening among older Mexican American women. A stratified area probability sample was utilized to select 452 Mexican American women ages 50-74 from three southeast Texas counties. We found that 93.1% of the women report at least one Pap smear in their lifetime, that 64.1% report a Pap smear in the past three years, and 53.7% report one in the past two years. Using a stratified analysis we found that screening recency (Pap in the past two years) is correlated with younger age, higher educational level, and being above the poverty line. Additionally, current Pap test users are significantly more likely to be able to drive themselves to the doctor, have a usual source of female medical care, have had a mammogram in their lifetime and to have had one in the past two years ($p<0.001$). In a logistic model it was found that women were less likely to have had a recent Pap smear: with each increasing year of age (OR 0.955), without a mammogram in the past two years (OR 0.081), and when living below the national poverty level (OR 0.536). Women with any type of health insurance were 2.5 times more likely to have had a recent Pap smear.

FACTORS AFFECTING REPORTING AND MEDICATION COMPLIANCE AMONG ELDER HISPANIC WOMEN PARTICIPATING IN A RESEARCH STUDY.

J.R. Gaztambide, Dept. of Communication Sciences, Univ. of Connecticut, U-85, Storrs, CT 06269; S. Vila, Braceland Center for Mental Health and Aging, Hartford; C. Unson and K. Prestwood, Univ. of Connecticut Health Center.

The purpose of this study was to determine why some of the Hispanic women participating in a hormone replacement therapy study adhered to the required medication regimen while others didn't. Two focus groups, divided according to compliance and lack thereof, were conducted, in Spanish, with 17 elderly Hispanic women. Five major areas were explored as possible explanations for non-compliance, including lack of appreciation of the benefits of the medications and forgetting to take the medication. We found that those in the compliant group understood the study, while the other didn't. The data also suggest that the desire to remain in the study (and its fringe benefits) affected all reporting. Moreover, limited literacy and education were found to be contributing factors. We conclude that these factors should be taken into account in research with Hispanic women. BSS 20

JAPANESE CULTURAL VALUES AND COPING: HOW SECOND GENERATION JAPANESE AMERICANS COPED WITH THEIR INTERNMENT CAMP EXPERIENCE DURING WORLD WAR II. A FIFTY-YEAR RETROSPECTIVE STUDY.

L.M. Kinoshita, Pacific Graduate School of Psychology & Older Adult and Family Center, VA Palo Alto Health Care System, Psychology Service (116B), 3801 Miranda Avenue, Palo Alto, CA. 94304

The internment camp experience during World War II was a traumatic period in the lives of nearly 120,000 Japanese and Japanese American individuals. Two-thirds of those interned were United States citizens, yet they were imprisoned by their government for up to six years during World War II and striped of their Constitutional rights. How did these individuals cope with their situation? This qualitative study of 25 former internees between the ages of 75 and 88 focused on the cultural coping mechanisms that Japanese internees employed during their internment camp period. For example, Japanese cultural values of *gaman* (endurance) and *shikataganai* (the situation cannot be helped) were employed to help them cope with their relocation and internment camp experience. These cultural values persisted even after the war and helped them rebuild the Japanese community, over fifty years later.

SOCIOECONOMIC INEQUITIES IN HEALTH AMONG THE JAPANESE ELDERLY

H. Sugisawa, E. Kobayashi, H. Kim, Y. Sugihara, T. Fukaya, H. Shibata, Tokyo Metropolitan Institute of Gerontology, 35-2 Sakae-cho, Itabashi-ku, 173-0015 Tokyo, Japan. J. Liang, The University of Michigan.

The aim of this study was to investigate socioeconomic inequalities in heath and the importance of behavioral factors in the explanation of those inequities among the Japanese elderly. We used 9-year longitudinal data ($n=2,200$) from a survey among a national representative sample aged 60 and over. Socioeconomic status was indicated by annual income and the highest level of educational attainment. Health status was measured by three indicators of chronic conditions, activities of daily living (ADL), and mortality. Behavioral factors were measured as health habits (smoking) and social networks(community organization participation). We observed a negative socioeconomic gradient for all health status measures. The lower the annual income, the higher the prevalence of chronic conditions and incidence of ADL disability. The lower the educational level, the higher prevalence of the ADL disability and mortality. The differential distribution of mortality by educational level was explained by the skewed distribution of smoking and social participation behaviors. However, the behavioral factors could not alone account for the economic inequities in the incidence of ADL disability. In sum, as has been found in younger populations, life style risk factors may play an important role in the production of socioeconomic inequities in health among the Japanese elderly. We would like to thank Gavin Hougham for his helpful comments.

RACIAL DIFFERENCES IN ADAPTATION TO AGE-RELATED VISION LOSS OVER TIME.

C.A. McKinzie, J. P. Reinhardt, D. Benn, Lighthouse International, 111 East 59th Street, New York, NY, 10022

Prior research has shown that among a sample of visually impaired elders, African-Americans had significantly poorer adaptation to age-related vision loss compared to White older persons. Further, these two groups differed with regard to the variables that predicted adaptation to vision loss. Baseline data revealed that while multiple factors predicted adaptation in White elders (e.g., demographic, health, support and personal resource variables), only functional disability and acceptance coping were predictive of adaptation for African-American elders. The purpose of the current study was to examine the relationships between these baseline factors and adaptation to age-related vision loss over time (6 months after baseline) for African-American (n=45) and White (n=383) older persons. Results showed that African-American elders still reported significantly decreased adaptation than White elders did six months after baseline. Regression analyses on the predictors of adaptation showed that for African-American elders, functional disability at baseline was associated with significantly poorer adaptation at time 2. For White elders, greater vision loss severity at baseline was associated with significantly decreased adaptation at time 2. These differences in predictors of adaptation by race have implications for service provision to visually impaired elders.

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THE EFFECTS OF EDUCATION ON RETIREMENT: A CONTINUITY PERSPECTIVE.

Miriam Boeri. Sociology Department.
Georgia State University
I University Plaza Atlanta. GA 30303

This paper explores recent retirement research and proposes that the increased educational levels achieved by baby-boomers will have a significant influence on postponing full retirement. Continuity theory holds that older adults seek to preserve a sense of self and identity by maintaining existing internal and external structures (Atchley 1989). Using data collected in the second wave (1994) of the Health and Retirement Study (HRS), I measure the effects of educational level on full-time work, part-time work, and full retirement, controlling for demographic and contextual variables. Only respondents age 55 to 70 are included in this logistic regression analysis. Findings show education as a significant positive determinant of employment among this age group, suggesting that early retirement trends could reverse as the most educated cohorts in American history reach retirement age.

DEVELOPMENT OF RETIREMENT GOALS ACROSS THE LIFESPAN.

D. A. Hershey, J. M. Jacobs, K. A. Neukam, J. Jackson, & S. Gabriel, Department of Psychology, Oklahoma State University, Stillwater, OK 74078.

Understanding age differences in individuals' goals for retirement is an important step toward the development of effective, age-appropriate retirement intervention programs. In the present study 55 pre-retirees (aged 20-67) generated 308 retirement goals which were coded based on a goal framework adapted from Lapierre, Bouffard, and Bastin's (1997) taxonomy of personal goals. The resulting framework contained nine different classes of retirement goals which included: (a) attainment of possessions, (b) financial security, (c) contributions to others, (d) leisure, (e) self, (f) spirituality, (g) contact with others, (h) exploration, and (i) other. Analyses focused both on the number and types of goals individuals mentioned. Interestingly, age was found to be negatively correlated with the number of goals cited ($r = -0.39$, $p < .01$). More importantly, however, developmental differences were observed in six of the nine goal categories listed above. The findings from this study suggest that age-appropriate retirement intervention programs could be developed to highlight important goal-based planning issues that might otherwise be ignored by individuals at different stages of adulthood.

FACTORS THAT INFLUENCE PERCEPTIONS OF INCOME IN RETIREMENT.

J. M. Jacobs & D. A. Hershey, Department of Psychology, Oklahoma State University, Stillwater, OK 74078.

The major sources of income in retirement include (a) Social Security, (b) personal savings, (c) pension plans, and (d) support from family members. Ideally, individuals will accumulate sufficient resources in one or more of these areas to finance their retirement. Unfortunately, many individuals will find themselves without an adequate stream of income during the post-employment period. The purpose of this study was to examine pre-retirees' perceptions of income and financial stability in retirement. Participants ($N = 1002$; ages 18-64) were asked how much each of the above sources will contribute toward financing their retirement. They were also asked if they would have sufficient income to live comfortably after leaving the workforce. Results indicate that age, current income, educational level, and sex influence perceptions of future income, as well as perceived financial stability in retirement. Findings have implications for the design of educational and training programs aimed at promoting pre-retirement savings behavior.

PSYCHOLOGICAL DETERMINANTS OF FINANCIAL PREPAREDNESS FOR RETIREMENT.

John C. Mowen, Douglas A. Hershey, & Joy M. Jacobs, Departments of Marketing and Psychology, Oklahoma State University, Stillwater, OK 74078.

Most Americans fail to make sufficient plans to ensure financial independence in retirement (Poterba, 1996). The 3M Model of Motivation and Personality (Mowen, 2000) was used to investigate the traits predictive of individuals' financial preparedness among a sample of 118 adults (aged 25-45). Hierarchical regression analysis was used to examine the relationships between personality characteristics, knowledge of finance and investing, and actual financial planning behaviors. Results revealed that the personality and knowledge markers accounted for substantial variance in financial planning ($R2 = .48$). Furthermore, cluster analysis using Ward's procedure was used to identify segments of consumers to target with messages designed to encourage early financial planning efforts. Four clusters of individuals were identified that differed in their level of retirement preparation. Implications are discussed in terms of how educational and marketing efforts could be differentially developed for those who are more or less prone toward saving for retirement.

RETROSPECTIVE REPORTS OF IMPORTANT RETIREMENT PLANNING DECISIONS.

C. E. Brown, D. A. Hershey, J. M. Jacobs, & J. Jackson, Department of Psychology, Oklahoma State University, Stillwater, OK 74078.

This goal of this study was to identify the various life planning domains current retirees perceived to be important when they prepared for retirement. Forty-eight retirees (age range 47-96) were interviewed and asked to retrospectively recall the most important decisions they considered when planning for their own exit from the workforce. As part of the interview, they were asked if they had any regrets in terms of the planning they had done, as well as whether they had any advice they would offer current pre-retirees. Responses were then used to construct a conceptual model of critical retirement decision domains. Commonly identified planning dimensions included (in descending order of importance): finances, health, timing of exit from the workforce, leisure activities, housing concerns, and interpersonal relationships. Retirees were found to have little in the way of regrets, however they did indicate that current pre-retirees should: (1) save more money, (2) plan further ahead, (3) learn more in the way of money management skills, and (4) work hard to maintain job security. The findings from this study have important implications for the development of educational programs aimed at future cohorts of retirees.

"NEW RETIREMENT:" THE PROMOTION OF A NEW CONCEPTION OF LATER LIFE AND THE DEVELOPMENT OF A NEW COMMUNITY.

P. Luken and S. Vaughan (Dept. of Social and Behavioral Sciences, Arizona State University West, P. O. Box 37100, Phoenix, AZ 85069-7100)

We examine a specific form of retirement living, the new "active retirement," as it was promoted by the Del Webb Development Company (DEVCO) and the advertising company, the Garland Agency, in conjunction with the marketing of Sun City, Arizona, in 1960. On the basis of our archival research we demonstrate that the central feature of the marketing of the housing development was the presentation of new forms of both community and retirement. We present specific advertisements which are clearly intended to define a new meaningful lifestyle for senior citizens – one characterized by various forms of recreation instead of employment – as well as market the place in which the new retirement can occur. A key feature of our research is that DEVCO was not merely involved with what Graebner called "the selling of retirement," but it also established the material social relations which enabled retirees to adopt the new retirement as their own.

DEPRESSIVE SYMPTOMS IN RETIRED PHYSICIANS AND THEIR SPOUSES.

M. Guerriero Austrom, T. Damush, T. Perkins, and H.C. Hendrie, Department of Psychiatry, IU School of Medicine and Center for Aging Research, Regenstrief Institute for Health Care, Indiana University, Indianapolis, IN 46202

While research on physicians and retirement has been scant, research on the impact of retirement on the physician and their spouse has been almost non-existent. The purpose of this paper is to examine the impact of retirement on depressive symptoms reported by physicians and their spouses. As part of a larger survey of retired alumni of the Indiana University School of Medicine, participants were asked the following: *During the past year have you ever had a two-week period when you have been bothered by feeling depressed, sad, blue, hopeless, down in the dumps or not enjoying anything?*

Results indicated that of the 678 physicians and 455 spouses responding, 17.6% of physicians and 19.0% of spouses reported experiencing depressive symptoms during the past year. Associations between depressive symptoms, age, age at retirement and gender were not found. However, for the physicians, depressive symptoms were associated or strongly associated with indices of health, life satisfaction both in general and since retirement, number of reported challenges with retirement, financial satisfaction, sexual relationship, and not being able to identify anything enjoyable about retirement ($p < .001$). For the spouses, depressive symptoms were most strongly associated with indices of health, life satisfaction both in general and since retirement ($p < .001$), and quality of the marital relationship as well as the sexual relationship ($p < .01$).

Understanding the similarities and differences between physicians and spouses may provide valuable information for pre-retirement planning and post-retirement counseling.

RETIREMENT A CHALLENGE FOR JAPANESE RETIRED COUPLES

K Katagiri, Department of Social Psychology, University of Tokyo, 7-3-1 Hongo, Bunkyo, Tokyo 113-0033, Japan

Successful transition to retirement is widely held concern in Japan. The middle-aged housewives are afraid of husbands' retirement, wondering how to manage the life with their retired husbands all day long. Husbands also fear of being treated as a nuisance at home. Given little empirical research in the literature, this study explored the effect of retirement on Japanese older couples. There were two objectives: 1) to examine the effect of retirement on the marital relationship, and 2) to identify the wives' social and psychological roles at her husband retirement.

Focus groups were conducted with Japanese male retirees. A systematic content analysis was conducted with the tape-recorded statements.

All participants admitted as workaholic, spent little time with family, but after retirement they want to restore their relationship. But the retired life varies. In some cases, retirement made clear that their marital relationship had already broken. It was only husband who had not been aware of it. For others, retirement provides an opportunity to reconstruct marital relationship. Some retirees found their wives as good companions. They share common interest and activities. Others engage in separate activities but receive emotional and informational support from wives.

Wives play important roles in husbands' retirement. They provide new network or new roles

that may facilitate husbands' adaptation to retirement. Husbands may form new network by participating in wives' networks or find new roles, e.g. volunteer in the community, through wives' advice. At the same time, wives could be detrimental to husbands, who face challenges after retirement.

Retirement has often been studied from one side of the couples. This study indicates that retirement is a critical event for marital relationship and its effect should be explored from both sides. (BSS-30)

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THE PATIENT EXPERIENCE OF CONSTIPATION: TESTING THE PAC WITH FRAIL OLDER ADULTS IN LONG-TERM CARE

J Flynn[1], L Frank[1], NK Leidy[1], M Rothman[2]. [1]MEDTAP International, Inc., 7101 Wisconsin Ave, Ste 600, Bethesda, MD 20814. [2]Janssen Research Foundation

To assist with constipation outcomes assessment in the general population the Patient Assessment of Constipation (PAC) was developed among younger adults; it provides data on the patient's constipation-related symptom and quality of life experience. Because of the high prevalence of constipation in long-term care facilities (LTC), the PAC could be useful as an outcomes tool in this setting. However, the data obtained from frail older adults in LTC may differ from younger adults or healthy older adults due to cognitive, affective, and personal factors, potentially reducing psychometric performance. Cognitive interviewing methods (e.g., think aloud, probes) were used to determine the feasibility, acceptability, ease of administration, and content and face validity of the PAC with frail, institutionalized older adults. Following pilot testing with 5 subjects, slight modifications were made to the PAC administration (e.g., frequent re-orientation to response options, change from self- to interviewer-administration). The PAC was then administered to 24 older adults in LTC. Subjects confirmed the content and face validity of the PAC and generally understood the Likert anchors. Problems with comprehension of 1 item (satisfaction with time for food to pass through system) led to missing data for 21%. 37% of subjects reported that the 1-week recall timeframe was insufficient, and most subjects relied on generalized schema memory rather than episodic discrete event recall, potentially reducing instrument responsiveness to change over time. All other items performed well. The feasibility, acceptability, and administration ease of the PAC found here support its use for outcomes assessment among constipated older adults in LTC. This research was supported by Janssen Research Foundation

Modeling Binary Correlated Outcomes of ADLs In Subjects With Dementia, M. Kuchibhatla, G.G. Fillenbaum, Duke University Medical Center, Durham, NC.

Alternating logistic regression (ALR), an extension of generalized estimating equations (GEE), is used to model binary correlated outcomes of ADL in a sub-population of demented subjects in the Duke Established Populations for Epidemiologic Studies of the Elderly. The method is useful (a) to describe the association of binary outcomes with explanatory variables, and (b) to model the association between pairs of outcomes and their relation to covariates. ADL status (no ADL problem vs some problem) of 135 subjects with dementia at baseline, 3 and 6 years later and its relation to race, gender, health status and years since diagnosis of dementia are modelled. Women and those with more health problems have greater odds of decline in ADL. After controlling for covariates, demented with ADL problems at the baseline have significant decline at three years (OR=4.08) but not three years later; also, demented with ADL problems at three years have greater odds (OR=8.84) of decline at six years. The results will be compared with other traditional methods of analyses.

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GENDER DIFFERENCES IN THE RELIABILITY OF SELF-REPORTED PAIN IN LATE LIFE

P.C. Griffiths, Rehab R & D Ctr., Atlanta VA Medical Center, S. H. Zarit, The Pennsylvania State University, S. Berg, Institutet for Gerontologi, Jönköping, Sweden.

Despite the fact that chronic pain is a significant problem for a large number of individuals over the age of 65, prevalence and incidence rates are inconsistently reported in the literature. Moreover, gender variations in late-life pain, has remained a grossly under-studied phenomenon. Recent reports of gender differences in self-reported pain have either produced inconclusive results or failed to include older individuals. One explanation for discrepant reports may be the reliability of self-reported pain with older individuals.

The present study used multiple pain measures to compile a comprehensive pain assessment in a population based sample of opposite-sex septuagenarian twins residing in Sweden (N = 247 pair).

Women and men gave reliable assessments in regards to frequency of pain. Ninety-two percent of women and 95% of men indicated constant pain or lack of constant pain on both measures. Reliability of pain reports in specific locations varied by location and in some instances, gender. Likewise, the reliability of pain reported during specific activities varied according to activity and was different for men and women. These results suggest that the reported discrepancies in pain prevalence rates for older populations are in part, attributable to modifiable measurement issues.

Preliminary development of the SPERS assessment for dementia care settings.

M. Calkins (I.D.E.A.S., Inc. 8055 Chardon Road, Kirtland OH 44094)

Numerous attempts have been made over the past decade to develop instruments and protocols to assess the environment of dementia care settings, including the TESS, PEAP, NURS, and REMODEL. The Social and Physical Environmental Rating Scale (SPERS) was developed from a systematic operationalization of the environmental press side of Lawton and Nahemow's Environmental Docility hypothesis, in which environmental press is conceptualized as being comprised of the following dimensions: quantity, quality, structure, familiarity, predictability and salience. Each dimension is operationalized in terms of 10 to 27 items (103 total items) which have specific relevance to dementia care setting. The SPERS was pilot tested in six sites in three states (WA, MI, NC), and validated against the PEAP. Results of this pilot test indicate the SPERS is capable of discriminating different expressions of environmental press on different units, and that these ratings were closely aligned with the PEAP ratings.

LINKING PRACTICE WISDOM TO RESEARCH: USING AVAILABLE DATA SETS FOR RETROSPECTIVE STUDIES.

J. Henricks, B. Gierl, and A. Ripeckyj
Johnston R. Bowman Health Center for the Elderly, Rush Presbyterian St. Luke's Medical Center, Chicago, Il. 60612

Clinical Personnel develop practice wisdom through many years of working with the elderly. The organization of this knowledge into a form that can be disseminated to others in the geriatric research community is difficult. Duties of regular employment must be completed, and any organization of data is necessarily done outside of the regular workday. Designing required forms that both fit the requirements of the employer and are also useful data sets is important. A data set has to be designed prior to knowing what the hypothesis may be. Utilization of information that is part of other employment tasks is essential. Retrospective research is quite useful in a practice setting. Three retrospective studies are examined that used these types of data sets.

ASSESSING LOW RECRUITMENT YIELD

Roberta A. Kresky, Jana M. Mossey, MCP Hahnemann University, School Public Health, Philadelphia, PA 19102, and Mark R. Luborsky, Carmit K. McMullen, Arwen E. Bunce, Wayne State University, Dept of Occupational Therapy & Dept of Anthropology, Detroit, MI 48202

Recruitment of representative samples of community dwelling elderly poses significant challenges. In recent years, and under strict guidelines, use of the Medicare Beneficiary Files(MBF) maintained by HCFA has made it possible to generate random samples of older individuals to form recruitment pools for a variety of studies. However, recruitment yields differ substantially, depending on whether the researcher is able to contact the older individual directly or must conduct a passive recruitment that requires the recipients of initial letters sent on HCFA and study letterhead to reply and authorize direct contact by the study team. We discuss our experience, using the passive recruitment approach, to enroll older individuals into a 12-month longitudinal study designed to determine the meaning of self rated health. Letters were mailed to a random sample of 5,500 HCFA beneficiaries stratified by gender and race. 286 individuals contacted us to give their permission for a screening interview. An additional 33 indicated they were not interested. Response rates differed according to gender and race. 7.1% of white females responded in contrast to 3.6% black males. These low response rates raise questions regarding the effectiveness of passive recruitment using the MBF HCFA data. We discuss the implications and our efforts to increase recruitment yields.

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RECRUITMENT ISSUES IN STUDYING OLDER ADULT CANCER SURVIVORS

J. Reardon, K. Bowman, G. Deimling, P. Sage,
Department of Sociology, Case Western Reserve U., Cleveland, OH 44106; B. Kahana, Cleveland State U., Cleveland, OH 44115

With the availability of cancer registries from which to draw participants for research in health-related fields, there are concerns about participant involvement and attrition during the process of recruitment. Recent literature finds that the records of participant comments and complaints have been poorly compiled. In addition, most literature focuses on recruitment to clinical research, rather than social science research. Our study addresses reasons for attrition at three levels of recruitment into a project of older cancer survivors: initial contact from an urban tumor registry, eligibility screening by project staff, and interviewing. The results of this ongoing research show that out of 597 letters sent from the tumor registry, 170 people selected out after initial contact, with no reason, death, no by proxy, and reporting no cancer as the four major causes. Thirty-nine individuals fell out at the project screening level, citing lack of time, illness, no cancer, and no reason as the major causes. Finally, at the interview level, eleven people fell out due primarily to no reason, illness, or miscellaneous reasons. This research emphasizes the challenges of recruiting older adults into cancer research.

THE PREDICTORS OF SITUATIONAL COPING RESPONSES OF OLDER ADULTS

Connie Dalton, J. Chaikelson, M. Badowski, P. Basevitz, M. Conway, D. Pushkar, Centre for Research in Human Development, Department of Psychology, Concordia University, Montreal, Quebec, Canada, H3G 1M8

The present study examined the influence of dispositional coping style and the characteristics of the situation on the strategies used to cope with a particular stressor. The participants were all community-dwelling volunteers aged 65 and over. Coping strategies were assessed using the self-report measure of Carver et al. (1989). Three higher order coping factors accounted for 73% of the variance in the coping strategies reported by older adults - Problem Focused Coping, Emotion Focused Coping, and Acceptance. Two factors appeared to be used in assessing the situation – Severity and Controllability. Hierarchical regressions revealed that there is a positive relationship between the respective dispositional and situational coping style reports but predictability is enhanced for the situational coping style if the characteristics of the situation are included. More coping in general is reported when the situation is assessed as more severe and more controllable. A dispositional coping measure is recommended in the research context unless the characteristics of the individual selected situation are measured. (BSS-24)

COMPARING LIFE EXPECTANCY ESTIMATES ACROSS DEMOGRAPHIC SUBPOPULATIONS: A BAYESIAN APPROACH TO HYPOTHESIS TESTS

S.M. Lynch & J.S. Brown, Dept. of Sociology & Ctr. for Demographic Studies, Duke Univ., Durham, NC 27708.

Life expectancy estimates constitute an important means of summarizing information on mortality patterns. However, estimates of life expectancy are generally not statistical and hence tend to ignore measurement and other errors in both macro and micro level data. Furthermore, standard methods of computing life expectancy generally do not allow formal hypothesis testing for differences between subpopulations. In this research we develop a method for estimating confidence intervals for life expectancy, using Bayesian Markov chain Monte Carlo methods. While others have developed methods for estimating confidence intervals for life and active life expectancies, our method has several advantages over these methods, including ease of computation, simple extension to regression models of life expectancy, and lack of normality and other assumptions that may influence the results. We apply our method to estimated mortality rates for US whites ages 50-100 across 1968-92, and estimate confidence intervals by gender. Preliminary findings include that male and female life expectancies are significantly different at all ages and in all time periods. While the gap in life expectancy has increased across time, the gap narrows across age. Limitations and extensions to multistate life table estimation are discussed.

A MEASURE OF HOME ENIVIRONMENTS OF PERSONS WITH DEMENTIA: A RELIABILITY AND VALIDITY STUDY.

S.Schinfeld, L.N. Gitlin, A. Boyce, L.Winter, W. Hauck, M. Corcoran. Thomas Jefferson University, Philadephia, PA.

The physical environment has been shown to impact dementia behaviors in residential settings. Little is known about home environments due to the lack of reliable and valid measures of its attributes. This paper reports an inter-rater reliability study of the Home Environment Assessment Protocol (HEAP). The HEAP involves observing 192 items in 8 areas (entrance, living room, dining room, kitchen, bedroom, bathroom, hallway, stairs). Indices were created for number of hazards, adaptations, and level of clutter and comfort. Inter-rater reliability was examined among four raters of 22 households of persons with dementia (PD) (mean MMSE = 14; s.d.= 8.65). ICCs for hazard indices ranged from fair to good (.36 to .66). ICCs for adaptations, clutter and comfort indices ranged from good to excellent (.51 to .90). PD ADL deficits were associated with dining room (r= -.80, p=.001), kitchen (r = -.52, p= .02) and bedroom (r = -.76, p = .001) adaptations. PD behaviors were associated with kitchen hazards (r=.67, p = .001). Findings show adequate inter-rater reliability and that measured attributes are related to functional status. (NIA grant # R03-AG15517).

RELIABILITY OF THE MODIFIED NURSING HOME BEHAVIOR PROBLEM SCALE IN PSYCHOGERIATRIC INPATIENTS.

B.E. Pennington, L. M. Dougherty, R. Lewis & R. C. Tucker, Piedmont Geriatric Hospital, Burkeville, VA 23922.

The Nursing Home Behavior Problem Scale (NHBPS) is an inventory of serious behavior problems in nursing home patients, with good face and convergent validity and reliability. We hypothesized that the NHBPS could also be used to measure problem behaviors that delay/prevent discharge in geriatric psychiatric inpatients. The utility and reliability of a modified version of the NHBPS was examined in 208 patients over 18 months. Modifications to the NHBS included deletion of 5 items judged by a panel of clinical experts to not reflect direct behaviors (e.g., being uncooperative) and addition of 1 item that is a barrier to discharge. The modified scale included 25 items. Behavior ratings were performed by nursing staff for two 1-week periods each month. The modified NHBPS demonstrated good retest reliability ® = .627). Reliability of individual items ranged from .254 to .699. The most frequent behaviors were becoming upset (78.9% of sample), fidgeting (60.4%), arguing (59.7%), and resisting care (54.8%). Least frequent behaviors were damaging things (10.3%) and attempts to hurt self (11.8%).

INVARIANCE OF HEALTH BEHAVIOR FACTORS IN ADULTS OVER TWO OCCASIONS.

G.I.L. Caskie, K.W. Schaie, & S.L. Willis, Gerontology Center, 105 Henderson South, The Pennsylvania State University, University Park, PA 16802.

In 1993, the Health Behavior Questionnaire (HBQ), a new measure developed to assess health behavior and health-related issues in adults, was added to the Seattle Longitudinal Study (SLS). Confirmatory factor analysis by Maier (1995) found an eight-factor structure for the HBQ using data from 2,491 SLS participants who completed the HBQ in 1993. In the most recent 1996-98 wave of the SLS, a second wave of HBQ data was obtained for 1,466 participants (M = 637 and F = 829). The average age of this sample at the first occasion was 57.5 years (range = 24-91), and the average education level was 15.3 years (range = 7-20). In the present study, confirmatory factor analysis was again utilized to determine whether the eight-factor structure found for the first occasion of HBQ data was invariant across the two occasions of HBQ data. All thirty health behaviors studied were significantly correlated over time ($p < .001$), and many health behaviors also showed a high degree of stability over time ($r > .5$). For the overall sample, partial weak invariance of the health behavior factor structure was demonstrated. Setting factor loadings equal across time in this model for six of the eight health behavior factors resulted in a reasonable fit to the data and

a non-significant change in model fit (p > .05) compared to the configural model, which required only the same number of factors and same factor pattern across time. Thus, results indicated that, except for the seat belt use and medical checkups factors, the health behavior factors were measuring the same constructs across the two occasions. Factor invariance of the health behavior structure across age/cohort groups and gender will also be discussed.

NEWSPAPER SURVEILLANCE OF HOMICIDE-SUICIDE AMONG OLDER PERSONS IN FLORIDA.

JE Malphurs & D. Cohen. Department of Aging and Mental Health, University of South Florida, Tampa, FL, 33612-3899.

There is no surveillance system for homicide-suicide (HS) in the United States. Information on suicide and homicide is collected from police and medical examiner/coroners and is reported according to ICD-9 codes. This study investigated the use of newspaper reports as a method for the surveillance of HS in Florida. Searches of thirty (30) newspapers in Florida were conducted using Internet search engines over a three-year period. 165 cases of HS were reported in newspaper stories from January 1, 1997 through December 31, 1999, an annual incidence of .47/100,000 persons. Out of 139 newspaper stories that reported age of the perpetrator, fifty-two (52) cases involved perpetrators age 55 or older, an incidence of .40/100,000 persons. The age range among older perpetrators was 55-91. 77% of cases involving persons over age 55 were spousal/consortial relationships. The incidence of HS among older persons was equal to that of younger persons. These may be conservative estimates due to biases in newspaper reporting procedures. Information provided in newspaper accounts of HS was limited. Location, method, and date of death were consistently reported, while ethnicity and relationship between perpetrator and victim were reported infrequently. Newspaper reports may be a viable method for HS surveillance when used with other reporting methods, i.e. medical examiner data.

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AN AGING WORKFORCE IN TRANSITION: A CASE STUDY OF CALIFORNIA

K.S. Shultz, B.W. Sirotnik, and S.E. Bockman, Institute of Applied Research and Policy Analysis, California State University, San Bernardino, CA 92407

Our extensive review of the literature on older workers and analysis of background economic, demographic, and employment data, suggests California's workforce is aging and this aging workforce is experiencing age discrimination and barriers to employment in many forms. It is evident from our analysis that the impact of the recent recession on California's business climate was different than for the rest of the nation. There has been a structural shift from government, defense and aerospace industries to business services and retail trade. More management level positions were eliminated as a result of corporate mergers and downsizing than entry-level positions. In fact, while there is current economic growth in California, many of these new jobs are entry-level, lower paying jobs that are employing mostly younger workers.

When information from the literature review, secondary analysis, and Delphi analysis (of approximately 20 subject matter experts) are combined, a coherent picture of "The Plight of the Aging California Workforce" clearly emerges. Even so, the current economic expansion has muted somewhat the plight of California's aging workforce. Economic conditions tend to cycle however, so while we may be riding the wave of the current extended economic expansion, the wave will crest and the question thus becomes: how will older workers, in particular, fare in California when it does? And what role does the State of California have in mitigating any negative results of changes in the business and economic climate? We provide a series of policy recommendations to give the State some initial direction for doing so.

WHO ARE YOUNG RETIREES AND OLDER WORKERS?

Kristen M. Kilker, Greg O'Neill, National Academy on an Aging Society, 1030 15th Street, NW, Suite 250, Washington, D.C. 20005-1503

Concepts of retirement are changing. Retirement used to be viewed as the end of paid employment and the beginning of a new life but that distinction is less clear these days.

This study uses data from three national data sets to present a profile of young retirees age 51 to 59 and workers age 60 and older. Data are from the Survey of Income and Program Participation (SIPP, 1993), the study of Asset and Health Dynamics Among the Oldest Old (AHEAD, 1993), and the Health and Retirement Study (HRS, 1992). A common perception is that people are retiring earlier because they have the financial means to do so. Many also believe that people are working later in life because they need more financial security. In fact, our results indicate that, in general, young retirees are in poorer health and are less well off financially than others their age. We also found that, in general, older workers are healthier and are better off financially than others their age.

Understanding the characteristics of people who leave the labor force at relatively young ages and who work into their later years is important as baby boomers age and public policies are considered for the future.

PRIOR OCCUPATION PREDICTS PERSONALITY IN RETIRED ADULTS

S. A. Caramela-Miller, H. L. Sterns, & M. D. Murphy, Department of Psychology & Institute for Life-Span Development & Gerontology, The University of Akron, Akron, OH 44325

The analysis presented here was part of a larger study of personality and housing preferences in later life. This research involves 938 retired older adults classified into either professional or non-professional categories, based on their occupation before retirement. The professional group consisted of professional, technical, or managerial jobs; the non-professional group consisted of clerical, sales, or service jobs. There were 620 individuals in the professional group and 318 in the non-professional group. The purpose of this analysis was to determine if there were differences in personality after retirement, based on these two major occupational categories. One-way analysis of variance was conducted across all five personality dimensions. Professionals were significantly higher than non-professionals on personality dimensions of openness to experience and conscientiousness; professionals were lower than non-professionals on neuroticism. Even after retirement, occupational category predicts differences in three of the big five personality dimensions.

MEASURING RETIREES' INTERESTS IN WORK AND VOLUNTEERING

K.S. Shultz and T.L. Lindbo, Department of Psychology, California State University, San Bernardino, CA 92407

The desire for increased involvement in the labor force by elderly American's, paired with a dearth of highly skilled younger workers, signals the need for organizations to pay increased attention to retirees as viable sources of labor. Therefore, the present research was aimed at identifying the underlying constructs associated with retirees' desire to engage in a variety of organizationally desirable post-retirement behaviors.

A survey measuring retirees' interests in the three post-retirement behaviors of volunteering for their former organization, working part-time at the organization, and working full-time at the organization was mailed out to 3,511 retirees of a southern California utility company (1,010 retirees responded). Factor analyses were performed to examine the factor structure of the reasons underlying retirees' desire to engage in the post-retirement behaviors.

Five factors emerged for returning to work part-time or seasonal at the organization (community-altruism, personal-activity, generativity, reciprocity, and financial). Whereas, four factors where evident for volunteering at or on behalf of the organization (community-altruism, personal-activity, generativity, and reciprocity) and returning to work full-time at the organization (community-altruism, personal-activity, reciprocity, and financial).

The results are discussed in terms of how the three different sets of behaviors relate to one another and the meaning of the different factor structures for studying retirees' post-retirement behavior patterns.

"Paid and Unpaid Productive Activities of Older Persons in the United States," by Kenneth Knapp and Charlotte F. Muller, Int'l Longevity Cntr, 60 E. 86th St., NY, NY 10028.

The impending retirement of baby-boomers in the U.S. and the ever-increasing life expectancy there and throughout the world has generated interest in how much older citizens contribute to production. Through a review of social science literature and an analysis of Census, Bureau of Labor Statistics, and other data, this paper explores how older persons in the U.S. allocate their time to different types of productive activities, and identifies the incentives and disincentives which influence this allocation. The paper is written mainly from an economic perspective, but main themes found in sociology and psychology are used to consider obstacles, predisposing factors, and incentives to productive activities. Both paid and unpaid productive activities are analyzed. The main findings are: (1) Older Americans are employed in a wide variety of occupations and industries. (2) Nontraditional employment arrangements such as independent contractors, home-based work, part-time work, and bridge jobs are important to older workers, but opportunities for these activities may be limited. (3) Unpaid volunteer work in organizations such as schools and churches, and informal help given to family and friends are part of older persons' contribution to society. (4) Economic, psychological, and sociological factors influence the level of productive activities of older persons, and are manifest in the decision-making of both employers and employees. (5) While recent changes in public policy such as modifications to the Social Security system are conducive to the continuing labor force participation of workers nearing retirement age, there is room for more proactive measures such as those adopted in Japan.

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QUALITATIVE GERONTOLOGY: PERSPECTIVES FOR A NEW CENTURY.

G.D. Rowles & N.E. Schoenberg, Sanders-Brown Center on Aging, Univ. of Kentucky, Lexington KY 40536-0230.

PARTICIPANTS:

N.E. Schoenberg & G.D. Rowles (University of Kentucky) New Directions in Qualitative Gerontology: An Overview.

J. Gubrium (University of Florida) The Active Subject in Qualitative Gerontology.

G. Kenyon (St. Thomas University, Fredericton, New Brunswick) Guided Autobiography: In Search of Ordinary Wisdom.

J.K. Eckert (University of Maryland-UMBC) & S.I. Zimmerman (University of North Carolina) Maximizing Methods: Interviewers as Informants.

L. Groger & J.K.Straker, (Miami University Ohio) Counting and Recounting: Approaches to Combining Quantitative and Qualitative Data and Methods.

DISCUSSANT:

E.P. Stoller (Case Western Reserve University, Cleveland, OH 44106-7124)

Gerontology has witnessed a proliferation of qualitative studies in recent decades. In this symposium, we present varied original contributions from the forthcoming second edition of Qualitative Gerontology, a volume designed to highlight contemporary approaches and new dilemmas within the qualitative paradigm. The editors offer an overview of themes that emerge in the volume, including the search for meaning in complexity, science as a mirror of society, and the place of subjectivity and passion in research involving elders. Other contributors offer new interpretations of the active role of research subjects in creating meaning, forms of lay wisdom revealed by Guided Autobiography, the innovative use of survey research interviewers as key informants, and original approaches to the integration of quantitative and qualitative methodologies.

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TECHNOLOGY AND MEMORY IMPROVEMENT IN OLDER ADULTS

G. W. Rebok, Department of Mental Hygiene, The Johns Hopkins University, 624 North Broadway, Baltimore, MD21205-1901

PARTICIPANTS:

Douglas Herrmann (Indiana State University, Terre Haute, IN 47803), Carol Yoder (Indiana State University, Terre Haute, IN), Dana J. Plude, (University of Maryland, College Park, MD) & Paul Mullin (Research Triangle Institute) A Multi-Modal Model of Memory Processing

Rick Parente' (Towson State University, Towson, MD 21286) Practical Strategies for Improving Memory and Thinking Skills

Roger W. Morrell (The Practical Memory Institute, Silver Spring, MD 20905) Stephanie Dailey (National Institute on Aging, Bethesda, MD 20892), & Katharina V. Echt, VA Rehabilitation Research & Development Center, Decatur, GA 30033) Increasing Memory for Online Information,

Dana J. Plude (The University of Maryland, College Park, MD 20742), Douglas J. Herrmann, (Indiana State University, Terre Haute, IN), & Lisa K. Schwartz (Bureau of Labor Statistics, Washington, DC) The MemoryWorks: Multimedia CD-ROM Programs for Remembering Names, Lists, and Intentions

George W. Rebok (The Johns Hopkins University, Baltimore, MD, & Dana J. Plude (University of Maryland, College Park, MD) The Memory Workout: CD-ROM Based Technology for Increasing Physical and Cognitive Activity in the Elderly

DISCUSSANT:

Robert Rager, Compact Disc Incorporated, Silver Spring, MD, 20905

Older adults often report a decline in their ability to remember to do things in daily life such as keeping appointments when scheduled or taking medications as prescribed. Therefore, it is important to develop techniques that may be used easily and effectively by the elderly to alleviate some of these concerns. In this symposium, a theoretical model of memory is presented – the Multi-Modal Model of Memory. This model suggests that failures in memory may be due not only to cognitive systems but also to a complex set of physiological and psychosocial modes. This sympos-ium also demonstrates how this model may be used to drive the design and development of electronic products that may be used by older adults to compensate for some of their normal declines in memory.

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CROSS-CULTURAL RESEARCH IN ASIAN-AMERICAN ELDERS: METHODOLOGICAL CONSIDERTATIONS.

E. Choi. 364 NB, The University of Iowa, College of Nursing, Iowa city, IA 52242

PARTICIPANTS

E. Choi, T. TRIPP-REIMER, & L. Fogg (The University of Iowa, College of Nursing, Iowa City, IA 52242) Validity of the Center for Epidemiologic Studies-Depression (CES-D): Caregivers from Three Cultural Groups.

L. Suen (Case Western Reserve University, Cleveland, OH 44106) Memory Complaints and Memory Performance in Taiwanese American Older Adults.

H.R. Kim & G.R. Son (Inje University, College of Medicine, Department of Nursing, 633-165 Kaegum-dong, Pusan, Korea 614-735 & The University of Michigan, School of Nursing, 400 N. Ingalls, Ann Arbor MI 48109) Health and Isolation of Korean American Elders.

D.F. Lu (The University of Iowa, College of Nursing, Iowa City, IA 52242) Process and Issues of Translation: A Self Assessment Inventory.

DISCUSSANT:

T. Tripp-Reimer (The University of Iowa, College of Nursing, Iowa City, IA 52242)

Even though the population of Asian-Americans is increasing rapidly in the United States, little empirical research is available. Further, particular methodological issues related to investigations with Asian American elders are rarely identified. Translating existing instruments to use with Asian-Americans requires much attention to achieve cross-cultural equivalence between the original scale and the scale being translated. Approaches to data collection require modification in recruiting subjects, obtaining informed consent, conducting interviews in native languages, and allowing for extra time. The Center for Epidemiologic Studies-Depression, The Iowa Self Assessment Inventory, and the Rivermead Behavioral Memory test were examined in cross-cultural research with Korean, Chinese, and Taiwanese American elders.

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PARENT-CHILD RELATIONSHIPS AND ISSUES OF SUPPORT AND CARE IN THE LONGITUDINAL AGING STUDY AMSTERDAM.

MI Broese van Groenou and DJH Deeg, Longitudinal Aging Study Amsterdam (LASA), Dept. of Sociology and Social Gerontology, Vrije Universiteit, De Boelelaan 1081c, 1081 HV Amsterdam, The Netherlands

Participants:

T van Tilburg, CPM Knipscheer (Department of Sociology and Social Gerontology, Vrije Universiteit). Supportive exchanges within older parent-child relationships: A cohort perspective.

MI Broese van Groenou (Department of Sociology and Social Gerontology, Vrije Universiteit). Socioeconomic differences in the associations between health decline, support from children and depressed mood.

MJ Aartsen, CHM Smits, T van Tilburg (Department of Sociology and Social Gerontology, Vrije Universiteit). The impact of cognitive decline on parent-child relationships in old age.

S van der Pas, T van Tilburg, CPM Knipscheer (Department of Sociology and Social Gerontology, Vrije Universiteit). Measuring filial responsibility expectations of older adults: Validation of an item-scale and vignette technique.

Discussant: GC Myers (Center for Demographic Studies, Duke University, United States of America).

Over the twentieth century numerous social developments have resulted in a shrinking of the extended family. In accordance, the focus of family research has shifted to the core kin relationships, in particular those with children. This symposium addresses the diversity in parent-child relationships in late life from a dynamic perspective. The four presentations tap on various aspects of support and care in older parent-child relationships. Each presentation is based on longitudinal data from two or more measurement cycles of the Longitudinal Aging Study Amsterdam (LASA), an interdisciplinary, community-based survey on 3107 older men and women with initial ages between 55 and 85 years, covering a follow-up period of six years (1992/93-1998/99). Cross-sectional and longitudinal analyses are used to examine (1) inter- and intra cohort differences in support within older parent-child relationships, (2) differences between socioeconomic strata regarding the association of health decline, support received from children, and depression, and (3) the association between cognitive decline and parent-child relationship characteristics. The final paper (4) discusses the qualities of two instruments concerned with filial responsibility expectations among older adults. The data stress that children in general respond positively to declining resources of older parents by increasing support or frequency of contact and this trend is visible among different birth cohorts and different SES-groups.

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Enhancing Physical Function of Frail Elders: New Directions in Home Intervention Research.

L. N. Gitlin, Thomas Jefferson University, Phila., PA, 19107.

PARTICIPANTS:

B. W. Rovner, R. J. Casten, M. Hegel (Thomas Jefferson University) Preventing Disability and Depression in Age Related Macular Degeneration.

F. Scogin, A. Kaufman, L.Burgio, N. Rohen & S. Fisher (University of Alabama) Quality of life and older rural health care recipients.

P. Archbold, B. Stewart, L. Miller (Oregon Health Sciences University) M.Hornbrook, L.Van Buren, B. Valanis, (Kaiser Permanente Northwest Region) Theoretical and Empirical Basis for The Prep Intervention.

W. Mann, L. N. Gitlin, & M. Tomita. (University at Buffalo) Computer Based Tele-Rehab for Elders with Physical Disability: A New Approach for Home Monitoring of Self-Care Needs.

L. N. Gitlin, M. Corcoran, S. Schinfeld, & L. Winter, (Thomas Jefferson University) Enhancing Daily Competencies of Physically Frail elders by Modifying the Home: Project ABLE

DISCUSSANT: Jon Pynoos, Ph.D. (University of Southern California)

Functional disability is a major adverse outcome of age-related chronic and debilitating conditions. It is associated with diminished capacity to perform ADLs, increased dependence, fear and risk of falling, depression, service utilization and health care costs. However, there are few tested interventions and guidelines for clinical practice. This symposium presents 5 innovative home interventions currently being tested using randomized controlled designs. The interventions are a significant departure from traditional care in that they are theory-based, tailored to participant needs, and use a combination of skills training, behavioral, environmental or technological solutions to offset declines in everyday competencies among frail elders. The symposium examines the theories, intervention protocols and methodological challenges of these home interventions.

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SUCCESSFUL AGING FOR PERSONS WITH AND WITHOUT CHRONIC CONDITIONS

W Strawbridge (Human Population Laboratory, 2151 Berkeley Way, Annex 2, Berkeley, CA 94704)

PARTICIPANTS

W. Strawbridge (Human Population Laboratory) Five Year Predictors of Successful Aging for Persons With and Without Chronic Conditions

M Wallhagen (Dept. of Physiological Nursing, School of Nursing, UCSF, San Francisco, CA 94143) Sense of Control and Successful Aging

A Stewart (Institute on Health and Aging, UCSF, CA 94143) Quality of Life for Successful Aging in the Presence of Chronic Conditions

R Plank (Dept. of Physiological Nursing, School of Nursing, UCSF, San Francisco, CA 94143) Counterfactual Statements and Successful Aging

DISCUSSANT

M Holstein (Park Ridge Center for the Study of Health, Faith, and Ethics, Chicago, Illinois)

Definitions of successful aging generally preclude older persons with prevalent chronic conditions. To address this issue, AARP Andrus Foundation funded a study of successful aging which included persons with chronic conditions. 898 members of the Alameda County Study cohort age 65 – 99 participated. 50 also took part in an additional in-depth interview. When asked to evaluate their own aging, half of all subjects (n = 447) said they were aging successfully. Women and younger subjects were somewhat more likely to be aging successfully, but there were no ethnic differences. Only 36% of those aging successfully had no chronic conditions; the remainder were equally divided between those with one and those with ≥ 2 chronic conditions. A third of those with no chronic conditions said they were not aging successfully. This symposium employs quantitative and qualitative analyses to examine factors predictive of and involved in successful aging. Analyses compare those aging successfully with and without chronic conditions as well as those aging successfully with those not. Papers include predictors, quality of life, the importance of sense of control, and what we can learn from answers to the question, "If you had your life to live over, what changes would you make and why?" We also explore the criteria older persons use to evaluate their own successful aging and what such criteria mean for future research. One obvious point is that involving older persons themselves in defining successful aging makes a difference in issues and outcomes.

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THE ROLE OF PSYCHOLOGICAL CHANGE IN THE PREDICTION OF MORTALITY

J Smith[1,2] & D Jopp[2]. [1]Max Planck Institute for Human Development, Lentzeallee 94, 14195 Berlin, and [2]Research Group on Gerontological Psychology, Free University of Berlin, Nussbaumallee 38, 14050 Berlin, Germany

PARTICIPANTS

H Maier[1], & K Christensen[2] ([1]Max Planck Institute for Demography, Rostock; [2]University of Southern Denmark, Odense) Cognitive Function and Subjective Well-being as Predictors of Survival

D Jopp[1], I Lißmann[1], & J Smith[1,2] ([1]Free University of Berlin; [2]Max Planck Institute for Human Development, Berlin) Perceived Negative Changes Across Multiple Areas of Functioning: A Unique Predictor of Mortality in Very Old Age

P Ghisletta, & U Lindenberger (Max Planck Institute for Human Development, Berlin) How to Include Differential Rates of Change in Survival Analysis Using Latent Growth Curve Modeling: Intellectual Functioning in the Berlin Aging Study

B Johansson[1], L Hassing[1], S Berg[1], S E Nilsson[1], & G E McClearn[2] ([1]Institute of Gerontology, Jonkoping, Sweden; [2]Pennsylvania State University, University Park) Memory, Cognition, and Mortality in the Oldest-Old: Cerebro-Vascular Disease Accounts for Terminal Decline

DISCUSSANTS

F D Wolinsky (Saint Louis University School of Public Health, St. Louis, Missouri)

I C Siegler (Duke University Medical Center, Durham, North Carolina)

Compared with research on health, disability, and SES predictors, relatively little is known about associations between psychological factors and mortality in old age. Models of terminal decline suggest negative change in functioning as a salient risk factor. Presentations in this symposium use longitudinal data from the Berlin Aging Study (BASE), Swedish OCTO-Study, and Danish Twin Study to investigate the predictive power of changes in cognitive performance, subjective well-being, and perceptions of functional capacity. Analyses indicate that some associations between psychological change and mortality persist when physician-assessed health status and physical frailty are taken into account. The separation of age- and death-related psychological change in old age sheds light on underlying processes.

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COMPLAINTS AGAINST VOLUNTEER LONG-TERM CARE OMBUDSMEN: SOURCE, TYPE AND OUTCOME

H.W. Nelson, Towson University, Department of Health Science, 8000 York Road, Towson, MD 21252, R. Huber, K. Borders, Kent School of Social Work, University of Louisville, F. E. Netting, Virginia Commonwealth University, School of Social Work.

Volunteers, who comprise more than 95% of the nation's nearly 10,000 ombudsmen, settle nearly 200,000 complaints annually (IoM, 1995). As official whistleblowers with an inherently conflictual mission, it is not surprising that they encounter frequent opposition (IoM, 1995). Indicators of this opposition are complaints received by paid staff against volunteer ombudsmen. Alternately, these complaints may simply reflect diverse problems with volunteers who are recognized as being unevenly trained and inadequately supported (IoM, 1995).

This study analyzes the source, nature, type and outcome of one state's 27 month log of complaints against volunteers (n=199). Although results suggest, that a volunteer's blaming or aggressive style may be an important source of conflict escalation, a far more common basis of facility complaint activity arises from the provider's fundamental misunderstanding of the ombudsman's role, legal mandate, and mission.

Institute of Medicine (1995). Real people – real problems: An evaluation of the long-term care ombudsman programs of the Older Americans Act. Washington, DC: National Academy Press.

FACTORS ASSOCIATED WITH HAVING A LEGAL GUARDIAN: THE FIRST EXAMINATION ON A NATIONALLY REPRESENTATIVE SAMPLE.

S. L. Reynolds, Gerontology Department, Univ. of South Florida, Tampa, FL 33620.

This study is the first to use a large scale population-based dataset to examine factors associated with the use of legal guardians. Previous studies have primarily consisted of extractions of court files, limiting researchers to small numbers and yielding ungeneralizable results.

In this study, the 1995 National Health Interview Disability Supplement is used (n=66,500) to run logistic regression on the probability of having a legal guardian.

using a revised form of the Andersen Health Utilization model. Results suggest that use of a guardian is associated with increasing age, being female, black, not being Hispanic, not living with a spouse, being poor, the number of functional impairments, having schizophrenia or dementia, and being a drug abuser. Future studies should try to replicate these findings in other large-scale surveys to determine the stability of these results.

THE FLORIDA ADULT PROTECTIVE SERVICES DATA: AGE AND GENDER EFFECTS ON TYPES OF REPORTED ELDER ABUSE.

L. Schonfeld, S. Reynolds, University of South Florida, Tampa, FL 33620.

This study examines the statewide data base provided to USF by the Florida Department of Children and Families, providing data on all adult abuse cases reporting between 1993 and 1998 (n=146,915). Demographic data is limited to age and gender; however, there are substantial data on the type of abuse.

Finding indicate that younger age is associated with abuse--older age with financial exploitation, self neglect, and neglect by others. Being female is associated with abuse and self-neglect; being male with financial exploitation and neglect by others. Whether it is the 1st, 2nd, 3rd, or 4th report of abuse, older age is associated with difficulty verifying the abuse. Being female is associated with increasing likelihood of verification of this first and second reported incidents.

Further research is required to determine whether placement and treatment of abused adults is related to age or gender.

COMPETENCE WITH COMPASSION: AN ABUSE PREVENTION TRAINING PROGRAM FOR LONG TERM CARE STAFF

B. Hudson Keller, CARIE, Phila., PA 19107

In long term care (LTC) settings, conflicts are a daily part of life. Often, these conflicts can lead to misunderstandings and frustration, which, if left unchecked, can lead to abuse or neglect of residents. LTC staff perform difficult and often disagreeable duties under stressful working conditions, and are often the targets of abuse themselves. CARIE's abuse prevention training curriculum for LTC staff addresses the sources of conflict in institutional settings that can precipitate mistreatment of residents and provide proactive solutions to combat the problem. Data from extensive pre/post-testing revealed improved staff ability to defuse conflict with residents, a reduction in resident aggression toward staff, and reduced amounts of self-reported abusive and neglectful behavior. These findings highlight the need for on-going abuse prevention training for all long term care staff.

KNOWLEDGE AND PERCEPTIONS OF ELDERS ABUSE IN PUERTO RICO: WHAT ELDERS THINK ABOUT DOMESTIC ABUSE

J. Bayonet, J. Rodriguez, MD, Ph.D.
University of Puerto Rico
Department of Psychology
Rio Piedras, Puerto Rico 00931

In 1990 the elder population in Puerto Rico over 62 years old, represent more than 10% of the Puerto Rican population of 3,522,037. It has been estimated that for the year 2000 this sector of the population will represent 15% of the total population of the Island. With the increase in the elderly population, the elder abuse phenomena emerge as an area of great concern. Thus, the purpose of this study was to determine and compare the knowledge and perceptions of elders in relation to the elder abuse phenomenon. The sample consisted of 100 elders ages 62 years and over from twelve multi-residential homes for the aged, located in the northern metropolitan area of Puerto Rico. The instrument used for the collection of pertinent data for the study was "Knowledge and Perceptions About Elder Abuse" (KPAEA). The content validity index of the KPAEA was .845, the coefficient Alpha Cronbach was .861, thus the instrument has an adequate internal consistency and validity. Major findings demonstrated that there exists consensus between the recognition and importance of risk factors perceptions and the knowledge that the elders have related to the domestic abuse.

A COMPARISON OF DRUG ABUSE, ALCOHOL ABUSE, AND MENTAL ILLNESS AMONG PERPETRATORS OF ELDER ABUSE. J. Berman, Ph.D., and A. Salamone, M.P.S. New York City Department for the Aging, 2 Lafayette Street, NYC, NY 10007.

A study conducted by the New York City Department for the Aging (DFTA) highlights the connection between mental health issues and perpetrators of elder abuse. Although studies have emphasized mental health problems and service needs of elderly victims of abuse and neglect, few studies have focused primarily on the mental health problems of the abusers. For this reason, research and crime victims program staff at DFTA asked case workers to administer a specially designed instrument assessing mental health issues among perpetrators of elder abuse and neglect. This study compares perpetrators who are alcoholic, drug abusers, and mentally ill. Results indicate significant differences among these different types of abusers. While all abusers suffering from mental health problems were more likely to be violent offenders, drug abusers were also more likely to financially abuse, most probably to support their drug habit. Moreover, mentally ill abusers were also more likely to psychologically abuse. The criminal justice system plays a primary role in the lives of these perpetrators. Virtually all previously or currently incarcerated perpetrators were either mentally ill or substance abusers. Although victims are clearly reaching out to help their mentally ill relative these victims are less likely to accept services for themselves. The victims' goal of stopping the abuser rests on their ability to offer the abuser assistance. Demographic profiles and study implications will be addressed.

DIDACTIC TRAINING TRANSFER TO WEB DELIVERY-EFFECTIVENESS OFALTERNATIVE DELIVERY?

K. Segrist, Institute on Aging, Temple University, 1601 N. Broad Street (083-40), Philadelphia, PA 19122-6099
J. Bubb, Pennsylvania Department of Aging, 555 Walnut Street, 5th Floor, Harrisburg, PA 17101-1919

Over a two-year period, the Pennsylvania Department of Aging has provided 26 statewide didactic sessions on changes to the Older Adult Protective Services Act regarding new mandatory reporting and criminal background checks. Over 2,500 people, representing area agencies on aging, nursing homes, personal care homes, adult day care centers, home health care agencies, local and state police, district attorney offices, etc. have been trained. Evaluations completed by 82 % of the trained participants indicate that they were pleased (4.0+ on scale 1-5) with the training content, presentation delivery and the resource materials provided. To extend the training to those who need the education but could not attend the didactic programs, the Department of Aging decided to provide the training content as a web module on their web site. The nine-month transfer process resulted in the development of a web module approximately 4 hours in length to complete with section self quizzes, relevant state forms, a glossary of terms, and links to relevant web sites. Availability of the site was publicized through various means. Those who visited the site were asked to comment on the content, format, and to provide any other feedback about the module. The opportunity to download the whole module for future reference and to pass it on to others, to view case examples, and for self-testing, etc. was appreciated as well as the availability of the legislation and regulations. Additional information will be provided as more feedback is received over the next six months.

THE GAME PLAN: A POLICY ANALYSIS OF SENIOR CENTER GAMBLING TRIPS

J.HIGGINS
Gerontology Institute, University of Massachusetts Boston, Boston, MA 02125

Gambling is one of the fastest growing industries in America. Public support is high for legalized gambling among all age groups. Because gambling is growing in popularity as an activity for those 65 and over, many senior centers are beginning to offer group trips to casinos and other gambling attractions such as dog tracks. This research analyzes senior center casino gambling trips, with particular attention to the number of trips offered, how trips are funded, the policy implications of offering trips, and policy alternatives for state and local policymakers. Data for the study come from the 30 Massachusetts senior centers interviewed for this study. Benefits of a new policy option, a program proposed to be known as Gambling Abuse Mentoring Education (GAME), are also reviewed.

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GERIATRIC REHABILITATION UTILIZATION IN NEW YORK STATE IMPLICATIONS FOR 2015

Beverly P. Horowitz, PhD, OTR/L, SUNY at Stony Brook, Stony Brook, NY 11794-8201

Geriatric rehabilitation's goal is to prevent impair-ment and disability, and maximize function. This research examined data from: 1. acute care hospitals, 2. certified home health agencies (CHHPs), 3. skilled nursing facilities (SNFs), and 4. long term home health certified programs (LTHHCPs) with attention to occupational therapy (OT), physical therapy (PT), and speech therapy (SP) rehabilitation visits.

Acute care hospital discharge data indicate a 854% increase in adults 60+ with rehabilitation codes,1985-1997. CHHPs provided 134% more rehabilitation visits; LTHHCPs 394% more visits. Major increases were found for PT, OT, SP within CHHPs and LTHHCPs. Greatest gains were noted for PT visits in CHHPs. There was a 9.44% increase in the percent of SNF residents receiving restorative PT; a 7.64% increase for restorative OT from 1986 - 1998. The percent receiving maintenance therapies declined for PT (12.33% - 5.63%), and for OT (4.17% - 2.21%).

By 2015 New York State's population will include greater numbers of older persons, including persons 85+, with increased risk for chronic illness and disability. Consensus on the benefits of rehabilitation, and utilization trends from 1985-1997, coupled with a growing aged population, point to increasing need and demand for geriatric rehabilitation.

PREDICTORS OF REHABILITATION LENGTH OF STAY AMONG STROKE PATIENTS.

P.S. Ho, Sr. Analyst, J. M. Ennis, Director,
Outcomes Management & Program
Evaluation Dept., Medstar Research
Institute, 108 Irving Street, NW, Annex 5,
Washington DC 20010

Rehabilitation is perceived as an effective mechanism to improve functional outcomes and to prevent long-term nursing home institutionalization for stroke patients. To maintain quality of care within an increasingly competitive health care market, an accurate prediction of the resources needed to care for patients has become an important management issue for rehabilitation.

The purpose of this study is to examine the factors that are significantly associated with length of stay (a measure of resource utilization) among stroke patients in an urban rehabilitation hospital. A total of 429 stroke patients discharged from the hospital in calendar year 1999 are included in the study. Both descriptive and stepwise multiple regression analyses are used.

The findings suggest that functional mobility at admission (locomotion and bed/chair transfer), toileting, self-care (eating), age, living alone prior to admission, and total number of diagnoses are significantly associated with length of stay. These indicators explain approximately 33% of the total variance of length of stay. The relationship between length of stay and other factors (e.g., day of admission, previous surgery within 60 days of admission) are also examined. This predictive model is further validated with recent discharge data in order to examine the average difference between estimated and observed length of stay.

LIVING ARRANGMENT, CAREGIVER ASSISTANCE, AND LIVING DISTANCE

S.Y. Kang,
Columbia University School of Social Work,
622 West 113th Street, NY, NY 10025

This study used data from the 1996 American Association of Retired Persons (AARP) Caregiver Survey. The survey was designed as a telephone survey to be used with a nationwide random sample of caregivers. A total of 1,509 English-speaking family caregivers participated in this survey. This study explores the association of the number of caregiver assistance for the Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) needs of the elderly with living arrangement and living distance. Living arrangement is defined as living alone and living with others. Living distance are defined as living in same household, within 20 minute, between 20 minutes and an hours from caregiver's home, one or two hours from caregiver's home, more than 2 hours away. Regression analysis of the sample indicates that living arrangement is a significant predictor of the number of ADLs and IADLs assistance. There is no difference among the numbers of ADL and IADL assistance in five living distance groups.

VARIATIONS IN HOSPITALIZATION RATES AMONG NURSING HOME RESIDENTS FACTORS ASSOCIATED WITH HIGHLY DISCRETIONARY TRANSFERS

Mary E Whelan, Frank W Porell, Gerontology Center, University of Massachusetts Boston, MA 02125 Research supported by Health Care Financing Grant No 30-P91009/1-01

Hospitalization rates among nursing home (NH) residents have gained the interest of policy makers as a potential target for Medicare and Medicaid savings In addition to the substantial expected program savings, reduced hospitalization rates are thought to decrease residents' risk for both iatrogenic illnesses and psychological trauma. However as past research has focused only on the event of hospitalization itself, little is known about factors associated with highly discretionary hospitalization practices in NHs Researchers have distinguished discretionary hospitalizations as those for conditions where there is considerable disagreement among physicians regarding the benefit of acute hospital versus other, in-place treatments Since only discretionary or potentially avoidable hospitalizations of NH residents would ideally be the target for utilization controls, the purpose of this study was to determine what individual, facility and market level factors contribute to variations in discretionary hospitalizations among NH residents Three years of quarterly Medicaid case-mix reimbursement data from 527 NHs were linked with Medicare (MedPAR) hospital claims, yielding a longitudinal analytical file of hospitalizations with 72,319 quarterly observations Multivariate logistic regression models were estimated for the risk of a highly discretionary versus a less discretionary hospitalization Findings revealed different sets of resident, facility and market factors associated with higher versus less discretionary hospitalizations, suggesting that failure to consider the discretion level of hospitalizations may confound some of the more intricate aspects contributing to variations in hospitalization rates among NH residents

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THE NATIONAL CENTER ON ELDER ABUSE: ADVANCING PROGRAM, POLICY AND PRACTICE FOR INTERVENTION AND PREVENTION OF ELDER ABUSE

R.S.Wolf National Committee for the Prevention of Elder Abuse, Institute on Aging, UMass Memorial Health Care, 119 Belmont St., Worcester, MA 01605.

PARTICIPANTS:

C. Downs (National Center on Elder Abuse, Washington, DC 20005) The Sentinel Project: Using Elder Abuse Coalitions to Reach Isolated At-Risk Elders

E. Kutas (National Association of Adult Protective Services Administrators, Salem, Oregon) The 2000 Elder Abuse Report Survey: Compiling the Reports made to State Adult Protective Services.

V. Dize (National Center on Elder Abuse, Washington, DC 20005). The Nursing Home Project: Improving the Capacity of Professionals to Target Elder Abuse Prevention Programs

DISCUSSANT:

B. Benson (The Benson Consulting Group, Silver Springs, MD 20912).

Established by the Older Americans Act , the National Center on Elder Abuse (NCEA) is operated for the Administration on Aging by a collaborative of the National Association of State Units on Aging, the National Committee for the Prevention of Elder Abuse, National Association of Adult Protective Services Administrators, American Bar Association, University of Delaware, and Goldman Institute on Aging. At the request of the federal government, NCEA undertook three projects, the purpose of which was (1) to demonstrate how to reach "hidden" elders who are at-risk of abuse, neglect, and exploitation, (2) to create a statistical base for the development of practice standards, planning initiatives, and policy formulation; and (3) to improve the capacity of professionals who regularly enter nursing home facilities (e.g., long term care ombudsman, Medicaid fraud control units, state surveyors, APS, advocacy groups, etc.) to recognize potential abuse. The

Symposium will present the methods and results of the projects and describe how they illustrate NCEA's role in advancing practice, policy, and education on elder abuse through information dissemination, technical assistance, training materials, and research.

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Framework to Enhance Culturally Responsive Service Delivery to Diverse Aging Populations

J.C. Takamura, Ph.D., Asst. Secretary for Aging,
E.J. Yee, MPP, MPH, Researcher,
US Administration on Aging, DHHS,
Washington, DC 20201

As the number of minority elders, age 65 and older, grows dramatically over the next thirty years, health promotion and service delivery options must incorporate culturally responsive techniques and programs.

This workshop presents a framework which outlines the factors and criteria needed to develop culturally appropriate service delivery techniques and programs. Participants will be provided with information from a synthesis of evidence-based research, evaluations, research outcomes, and projects that highlight culturally responsive programming.

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MANAGED CARE FOR HOME AND COMMUNITY BASED SERVICES: RESULTS OF A 4-YEAR STUDY

S.I. Finkel, Council for Jewish Elderly, 3003 W. Touhy Ave, Chicago, IL 60645; S. Hughes (Univeristy of Illinois); P. Edelman, B. Fulton (Northwestern University), K.L. Harter (Council for Jewish Elderly).

This presentation focuses on the results of a 4-year research study to evaluate a capitated home and community based care program sponsored by the Illinois Department on Aging. The presentation will include: comparative results of nursing home placement in the managed community care population vs. the fee-for-service population; the total health care and social service costs for this population; an economic regression model; correlations of stress levels over time, as well as differences between English-speaking and minority populations; the impact of cognitive impairment on costs; the viability of this model of delivery of services to other populations.

(Research sponsored by Retirement Research Foundation and Mr. Barre Seid.)

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VARIATIONS IN GRANDPARENT CAREGIVING: SUB-POPULATIONS AND POSITIVE AND NEGATIVE OUTCOMES OF CAREGIVING.

Denise Burnette, Columbia University, 622 West 113th Street, New York, NY 10025.
PARTICIPANTS:
F. Conway, G. Stricker (Long Island University, Brooklyn, NY 11201). The benefits of caregiving for grandparents parenting grandchildren: A strengths perspective.
R. Giarrusso, M. Silverstein (Andrus Gerontology Center, Los Angeles, CA 90089), D. Feng (Texas Tech University, Lubbock, TX 79409). The rewards of grandparents raising grandchildren: Evidence from a national survey.
E. Fuller-Thomson (University of Toronto), M. Minkler (University of California, Berkeley, CA 94720). Depression among grandparents providing extensive care to their grandchildren.
S. Kolomer (University at Albany, Albany, NY 12222). Religiosity as a protective factor against depressive symptoms for grandparents caring for children with & without developmental disabilities.
N. Kropf (University of Georgia, Athens, GA 30602) Custodial grandparenting in rural communities.
DISCUSSANT: M. Szinovacz (Glennan Center for Geriatrics and Gerontology, Eastern Virginia Medical School, Norfolk, VA 23507).

The number of grandparents who are rearing their grandchildren continues to rise. Numerous studies have documented substantial challenges to physical, mental, and financial well-being that these grandparents face. In order to advance knowledge and target effective policy and programming for this vulnerable family caregiver population, researchers must identify the strengths and needs of various sub-groups of grandparent caregivers and must consider the full spectrum of the caregiver experiences, i.e., positive and negative precursors, correlates, and outcomes. This symposium examines three important sub-groups of grandparent caregivers–those residing in rural areas, those who are rearing grandchildren with developmental disabilities, and those who provide extensive non-residential care for grand-children. These studies plus two focused on positive outcomes of caregiving (one from a national survey and the other a local urban sample) help to advance these critical practice and policy issues.

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Consumer-Directed Home Care for Older People in Five Countries: Who is in Charge?

J. Tilly, J. Wiener, A.E. Cuellar, The Urban Institute, 2001 M St., NW, Washington, DC 20037

A major innovation in long-term care for older persons in the United States and Europe is the development of consumer-directed home care where consumers, rather than home care agencies, control who provides services and how these services are delivered. This paper analyzes the experience of consumer-directed home care programs in the United States, Germany, Austria, the Netherlands, and France. The data collected include: public program descriptions and costs; client choice between consumer-directed and agency-directed programs; recruitment and management of workers; clients', caregivers', and workers' experiences in the two types of programs; quality assurance; and fraud and abuse. The data come from two sources: 1) telephone interviews with key national officials and representatives of clients, workers, and provider agencies, and 2) collection of available data from the programs. The research indicates that consumer-directed home care programs give beneficiaries more control over their home care services and better quality of care with little evidence of financial fraud or abuse. However, individual workers may be at somewhat of a financial disadvantage compared to agency workers because of lack of access to fringe benefits such as health insurance. Family members who work for beneficiaries have an additional disadvantage in that they may have increased emotional burden and work longer hours without pay than other individual workers. Finally, there is no evidence of uncontrolled cost increases in any of the programs.

FACTORS RELATED TO CLIENT SATISFACTION WITH COMMUNITY-BASED RESPITE SERVICES

D. Townsend, R. Montgomery, T. Karner, J. Schaefer, K. Kosloski. Gerontology Department, University of Nebraska at Omaha, Omaha, NE 68182

Client satisfaction has been linked to outcomes such as service utilization, behavioral intentions, evaluation of program success, and adherence to treatment regimens. From this perspective satisfaction can serve as a useful dependent variable in multivariate models in which factors related to service delivery may be viewed as causing the observed satisfaction ratings. Implied in this is the belief that these causative factors can be manipulated in the future to achieve higher levels of satisfaction. Using this approach the goal of the present study was to identify factors related to client satisfaction with respite services for family caregivers of Alzheimer's patients. Data were taken from satisfaction ratings obtained from a sample of over 1100 caregivers participating in the AoA Demonstration Grants to State program. The goal of this program is to provide or expand support services for traditionally under served or hard-to-serve Alzheimer's patients and their caregivers, especially minorities and rural residents. controlling for relevant background variables in a multivariate regression model, a number of factors related to the structure of service provision were found to be related to client satisfaction, including language difficulties, access (e.g., scheduling and availability), redtape (e.g., difficulty arranging case meetings), and the extent to which clients were told in advance about what the service providers would and would not do. Follow-up confirmatory factor models were used to identify those factors that were most likely to be causally related to satisfaction vs. those factors that might be better viewed as reflecting overall client satisfaction rather than causing it.

THE MEDICARE PRIMARY AND CONSUMER-DIRECTED CARE DEMONSTRATION: NEW YORK SITE RECRUITMENT

G.M. Eggert, ACCESS, B. Friedman, University of Rochester

Like several previous Medicare demonstrations (including PACE and the Medicare Alzheimer's Disease Demonstration), the Medicare Primary and Consumer-Directed Care Demonstration early on experienced difficulty recruiting functionally impaired elderly persons (N = 1600). This presentation will first review the initial recruitment approach used by the New York site, which had only limited success, and will then present the array of activities which were added and resulted in a large increase in study respondents. Initially, recruitment consisted of a 2-step approach: (1) recruiting primary care physicians, and (2) recruiting subjects from the participating physicians. This approach relied on the physicians to recruit the study subjects. When this had only limited success, we hired a writer to develop articles about study subjects and participating physicians for local weekly newspapers, put a picture of the physicians in each practice on the cover page of the brochures mailed out to patients of each corresponding practice, distributed posters and brochures at banks, supermarkets, and other locations throughout the community, and focused on two specific counties in our study area. In these counties we first recruited a physician practicing in the area, who then successfully recruited a large proportion of the physicians. In these counties the proportion of each physician's Medicare patients who returned applications was much higher.

JOB STRESS AND JOB DISSATISFACTION OF HOME CARE WORKERS IN THE CONTEXT OF HEALTH CARE RESTRUCTURING

M. A. Denton, I. U. Zeytinoglu, S. Webb, J. Lian, McMaster Centre for Gerontological Studies, McMaster University, Hamilton, Ontario, Canada L8S 4M4

This paper examines the impact of changes in the social organization of home care work due to health care restructuring on job stress and job dissatisfaction of home care workers. It reports the results of a survey of 892 employees from three non-profit home care agencies in a medium-sized city in Ontario, Canada. Survey results are complimented by data from 16 focus groups with 99 employees. For purposes of this study, home care workers include both office (managers, supervisors, and co-ordinators, office support staff and case managers) and visiting (nurses, therapists and home support workers) workers. Focus group participants indicate that health care restructuring has resulted in organizational change, budget cuts, heavier workload, job insecurity, loss of organizational support, loss of peer support and loss of time to provide emotional laboring or the 'caring' aspects of home care work. Analyses of survey data show that organizational change, fear of job loss, heavy workload and lack of organizational and peer support lead to increased job stress and decreased levels of job satisfaction.

THE MEDICARE PRIMARY AND CONSUMER-DIRECTED CARE DEMONSTRATION: BASELINE PARTICIPANT CHARACTERISTICS

B. Friedman, University of Rochester, G.M. Eggert, ACCESS, B. Wamsley, Center for Aging and Healthcare in West Virginia

The Medicare Primary and Consumer-Directed Care Demonstration is testing the acceptability, feasibility, and outcomes of several innovative chronic care models that focus on patient empowerment, including a Health Promotion Nurse (case management) model and a Voucher (reimbursement) model. This presentation will present the baseline characteristics of the entire study population (N = 1600) as well as for the New York (N = 1080) and West Virginia/Ohio (N = 520) sites, and compare them with the study populations in several other Medicare demonstrations, including the Social HMO and PACE. For the total Demonstration population enrolled thus far (N = 963), the mean age is 77.7, 29% are age 85+, 70% are female, and 58% are not married. 38% are living alone, 21% have an education of 8th grade or less, 9% are on Medicaid, 12% belong to an HMO, 16% are military veterans, and 22% report an annual household income of < $10,000. The most prevalent self-reported diagnoses are hypertension (65%), heart disease (62%), hip/knee arthritis (60%), and hand/wrist arthritis (50%). The mean number of ADLs is 1.40, the mean number of IADLs is 4.17, 43% have borderline and 25% definite cognitive impairment, 44% are depressed, and 57% report fair or poor health. 58% disagree/strongly disagree that whether your health problems get worse or better depends on what you can do.

IMPACT OF COGNITIVE FUNCTION ON COSTS OF CARE.

E. Walsh, B. Wu, J. Mitchell, and G. Khatutsky Center for Health Economics Research, 411 Waverley Oakes Rd, Suite 330, Waltham MA 02452

Despite the prevalence and costliness of Alzheimer's Disease and other dementias, little is known about variation in cognitive function among the community-dwelling elderly as it relates to resource consumption. Such basic information about resource consumption is essential for meaningful cost of illness studies. Accurate information about current utilization and costs is also essential to evaluate the cost-effectiveness of new treatments for underlying causes of cognitive impairment. The NIA sponsored AHEAD dataset provides the first opportunity to study variation in cognitive function, and care use and costs in a large, nationally representative sample. The sample has a total of 8223 persons age 70 and over, and oversamples African Americans, Hispanics, residents of Florida and those age 85 and over. We developed a typology of cognitive function based on validated, direct measures for the nonproxy sample, (n=7393), and proxy reports for the remaining 10% of the sample. The lowest 10th percentile of the nonproxy group had a mean memory and mental status score of 11 (sample mean = 19.5, range 0-35). Almost 50% of the proxy sample were judged as having fair/poor memory or judgement, and almost 20% as having wandering behaviors. We evaluated the impact of level of cognitive function on self-reported utilization and out of pocket costs for acute and long-term care, and on the use of inkind services, holding constant other health status measures and demographic variables.

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COMMUNICATING HEALTH PLAN CHOICE INFORMATION FOR DECISION MAKING: LESSONS LEARNED FROM MEDICARE BENEFICIARIES.

S. Bernard, Research Triangle Institute, 6040 Cornwallis Road, Research Triangle Park, NC 12194

PARTICIPANTS

L. McCormack, K. Ross, S. Daugherty, M. Kuo, S. Scheffler, S. Garfinkel (Research Triangle Institute, Research Triangle Park) Medicare Beneficiary Knowledge Assessed by the National Evaluation of the *Medicare & You 2000* Handbook.

E. Hoy, K.L. Carman, S. Bernard, and S. Sofaer (Polaris Consulting, Vienna, VA 22180) Applying Inter-personal Models of Health Behavior Change to the Design and Dissemination of Consumer Information for Medicare Beneficiaries.

L. Harris-Kojetin, L. McCormack, E. Jael, and S. Garfinkel (Research Triangle Institute, Washington DC 20036) Creating More Effective Medicare Health Plan Choice Materials: Lessons from a Synthesis of Qualitative Testing.

R. Bender, S. Bernard, B. Kreling, E. Jael, L. Miller (Research Triangle Institute, Research Triangle Park) Education Level and Associated Understanding and Usability of Medicare Health Plan Information.

DISCUSSANT

B. Kosiak (Health Care Financing Administration, Baltimore, MD 21244)

The 1997 Balance Budget Act (BBA) required that a variety of health plan information be provided to Medicare beneficiaries. One of the intended goals of this BBA mandate was to create more informed plan choice among Medicare beneficiaries. However, beneficiaries face an array of complicated Medicare plan choices about which they know little. The Medicare population is also diverse in a variety of ways relevant to health plan choice decision making (e.g., education, income); it is challenging to provide information in a way that addresses such diverse needs. Simply providing beneficiaries with more information will not result in more informed plan choice. These challenges highlight the important role that intermediaries can play in helping beneficiaries understand and make informed health plan choices. This symposium starts with a presentation of recent research on Medicare beneficiary knowledge relevant to Medicare decision making. This is followed by a discussion of the innovative application of a patient-provider communication framework to the Medicare choice context, highlighting the importance of intermediary involvement. The next presentation addresses lessons learned from multiple research projects on how to develop plan choice materials that assist Medicare beneficiaries understand and make informed plan choices. The final presentation reviews recent findings on how education differences among Medicare beneficiaries affect how they approach plan choice decision making and view the plan choice materials. Policy implications for design and dissemination strategies will be discussed throughout the symposium.

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Virtual Settings, Real Settings and Communities: Bridging Theory and Gerontechnology.

S. Kwon, Humboldt University Berlin, Institute for Rehabilitation Sciences, Luisenstr. 50, 10117 Berlin, Germany.

PARTICIPANTS:

K.A. Smyth & J.H. Rose (University Alzheimer Center and Div. of Geriatric Medicine, Case Western Reserve University, 12200 Fairhill Rd. Cleveland, OH 44120) Implementing Ongoing Self-Help Groups and Support Groups On Line.

D. Lansdale (Stanford Faculty Development Program, School of Medicine, Stanford University) Bursting Bubbles, Building Bridges.

J. Hammel (University of Illinois at Chicago, Depts. of Occupational Therapy & Disability and Human Development, Chicago, IL 60612) Technology and the Environment: Adaptive Tools for Sustaining Long-Term Communities of Living for Aging People with Disabilities and Social Supports.

H. Mollenkopf[1], S. Wurm[2] & H.-W. Wahl[1] ([1]The German Centre for Research on Ageing at the University of Heidelberg, Heidelberg, [2]Berlin Institute for Social Research, Berlin) Technology as a New Environmental Challenge in Old Age: Proactivity, Docility or Both?

DISCUSSANT:

S. Kwon (Humboldt University Berlin, Institute for Rehabilitation Sciences, Luisenstr. 50, 10117 Berlin, Germany)

The field of technology and aging represents a major domain of research and practice to demonstrate the linkage between theory and practice. The main aim of this symposium is to demonstrate how theoretical concepts and models can be linked in gerontechnology based on examples from current research. Analyses from the theoretical literature are presented and how they are being implemented in computer-mediated self-help groups and support groups, as well as in program development for building virtual communities targeted at helping frail elderly. Further, theoretical approaches and their practical utility are being discussed with respect to their role in interacting with technology in groups of elderly with developmental disabilities, and community-living elderly in their domestic settings.

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"ALZHEIMER'S DISEASE: WHAT CAREGIVERS NEED TO KNOW"

Educational videotape, ½" VHS. Running Time: 22 minutes. Release date: January 2000. Produced by USF Suncoast Gerontology Center.

This videotape is intended for family caregivers of Alzheimer's patients, and those providing services to caregivers. Topics include: What to do after the diagnosis has been made. Successful Caregiving. Community services. Alzheimer's research and clinical trials. Dealing with problem behaviors. Legal and financial issues.

Contact: Eric Pfeiffer, M.D., Director, Suncoast Gerontology Center, University of South Florida, 12901 Bruce B. Downs Blvd., Tampa, FL 33612. Telephone: 813-974-4355. Email address: epfeiffe@hsc.usf.edu.

He's Doing This to Spite Me: Emotional Conflict in Dementia Care

One (22 minute)/color videotape/2000
Produced by Northwest Media

Those who are close to someone who has dementia often find it hard to deal with the erratic and difficult behaviors that result from the disease. They may, in fact, begin to interpret these behaviors as intentional ('done on purpose'). This feeling, combined with the stress of caregiving and a lack of understanding of the effects of the disease may cause the caregiver to respond with frustration, impatience, even anger. This often further escalates the cycle of emotional discomfort and defense between them and their loved one who has dementia. These misunderstandings, fears and feelings are all explored in this video.

Three caregivers openly share their experiences and frustrations as they interact with their loved one who has dementia. These scenes are integrated with comments and evidence from professionals in the field of dementia care. The result is a video that teaches caregivers (both family and professional) how to reframe the caregiving dynamic into one that is more comfortable and productive for both the caregiver and care-receiver.

Contact: James Vanden Bosch
Terra Nova Films
9848 S. Winchester Ave., Chicago, IL 60643
800.779.8491; FAX 773.881.3368
e-mail jvb@terranova.org

MANAGING DEPRESSION: A CAREGIVER TRAINING VIDEO FOR HIV-ASSOCIATED DEMENTIA AND RELATED COGNITIVE DISORDERS

One (15 minute) Color videotape 2000. (Both Spanish and English translations)
Produced for I.D.E.A.S., Inc. (Innovative Designs in Environments for an Aging Society) and Myers Research Institute by Cinecraft Studios.

This video (from a set of five) geared for caregivers of people with HIV-associated dementia and related cognitive disorders, focuses on AIDS patients from a variety of settings (e.g. long term care facilities, group homes, and homes in the community). The video, incorporating AIDS patients and caregivers from different races and of a range of ages, is available in English or Spanish. Both patients and caregivers in the video (and associated study) range in age from 19 to 65 years. Although there are different manifestations, there are symptoms of HIV-associated dementia which often parallel behaviors common to Alzheimer's dementia. As the presence of other dementias is positively correlated with aging, the experience of HIV-associated dementia (HAD) for that population will present its own set of problems. The rationale behind all of the interventions is based on understanding *why* the behavior is happening. The video demonstrates a process for caregivers to understand and then help a person with chronic illness from HIV who is experiencing depression.

NIMH Grant # MH58952-02 R44

Contact: Rebecca Meehan, Ph.D., I.D.E.A.S., Inc., 8055 Chardon Rd., Kirtland, OH 44094

ANTECEDENTS AND PROBLEM SOLVING OF ASSAULTIVE BEHAVIOR IN ALZHEIMER'S DURING BATHING
One (12 minute)/Color videotape/2000
Produced by Wilaipun Somboontanont

This videotape is geared toward undergraduate nursing students. Role-play depictions of assaultive behaviors are used to suit the undergraduate learning level in terms of simplicity, their comprehension ability, their lack of background knowledge in this area and to prevent students from feeling overwhelmed or disturbed from the complexity of the behavior itself. The tape demonstrates types of assaultive behaviors, antecedents in the therapeutic and non-therapeutic settings, and intervention strategies to reduce assaultive behavior. The videotape will help undergraduate nursing students understand assaultive behavior, and why and under what circumstances physical assaults occur during bathing among nursing home residents with dementia. It will also help to increase awareness of the antecedents of physical assaults so that undergraduate nursing students will be able to provide quality of care while minimizing the prospect for physical assaults.

Contact: Wilaipun Somboontanont, MSN, RN. School of Nursing, University of North Carolina at Chapel Hill, CB #7460, Chapel Hill, NC 27599. (919)843-8875; e-mail:Pia@unc.edu.

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NIA SYMPOSIUM: RESEARCH INITIATIVES, FUNDING AND TRAINING OPPORTUNITIES AT THE NATIONAL INSTITUTE ON AGING.

Organizer: R.J. Hodes, Director, National Institute on Aging, NIH, Bethesda, MD

Participants:

Introduction and Overview: R.J. Hodes
Biology of Aging: H.Warner
Geriatrics Program: E. Hadley
Behavioral and Social Sciences: R. Suzman
Neuroscience and Neuropsychology of Aging: M. Morrison-Bogorad
Intramural Research Program: D.L. Longo

The National Institute on Aging conducts and supports biomedical and behavioral research with a focus on understanding basic processes of aging, improving prevention and treatment of diseases and conditions common in later years, and improving the health of older persons. The NIA also supports the training and career development of scientists focusing on aging research and the development of research resources. The symposium will provide an overview of research initiatives, funding and training opportunities at the National Institute on Aging and will also provide an opportunity to meet and converse with representatives of relevant program areas. The session will also seek input from audience participants on research goals, training activities, and other related topics.

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WHY THE ELDERLY NEED INDIVIDUALIZED PHARMACEUTICAL CARE

D. B. Nash, J. B. Koenig, M. L. Chatterton,
Office of Health Policy and Clinical Outcomes,
Thomas Jefferson University, 1015 Walnut Street,
Suite 115, Philadelphia, PA 19107.

Advances in healthcare and pharmaceuticals have made it possible to treat many common diseases of the elderly. However, at a time when more innovative drug options are available, access to these agents is often limited or denied by restrictive aspects of drug benefit plans. Through a comprehensive literature search using MEDLINE, original research articles and review articles were analyzed and synthesized to assess the need for individualized pharmaceutical care for the elderly. Research revealed elderly patients experience unique health variables such as comorbidity, age-related physiological changes, and variation of drug action among individuals. When these factors interact in an older patient, individualized drug therapy is required, and restricted drug access could lead to ineffective or negative health outcomes. For the elderly especially, limited access to pharmaceuticals is counterproductive. More than any other group, older people need access to a wide range of prescription drug options to safely meet their specific healthcare needs. A "one drug fits all" approach does not work for this population. In addition, greater coordination of all drug treatments is required for individual patients—across sites, providers and over time. Efforts toward the ultimate goal of a seamless continuum of individualized care represents the next stage in the evolution of geriatric pharmacy.

The conundrum of anticoagulant use in elderly patients with chronic atrial fibrillation: it is time to claim the priority of geriatric factors in the choice of antithombotic prophylaxis .

*G. Bellelli *, P Barbisoni #, T Sabatini #, R Rozzini # and M. Trabucchi §*
*From * "Ancelle della Carità" Hospital, Cremona, # ACE unit Poliambulanza Hospital, Brescia and § University of Rome and Geriatric Research Group Brescia, Italy*

Introduction. Despite several evidences demonstrating the benefit of long-term anticoagulation in reducing the risk of stroke the "real-world" use of warfarin in elderly patients with chronic atrial fibrillation (CAF) is suboptimal (1). Reasons of this low use are not conclusively cleared. In many cases the old age and the belief that patients would be non-adherent to the regimen prescribed, may deter practitioners to prescribe (2). The aim of this study was to evaluate retrospectively the clinical and functional characteristics influencing the choice of the antithrombotic therapy in a group of hospitalized elderly patients eligible to long-term anticoagulation which were selected after exclusion of absolute and relative contraindications.

Methods. Patients with CAF were identified by reviewing the records of 1227 patients consecutively admitted to our 20-bed ACE-unit for elderly patients between January 1, 1998 and December 31, 1999. All patients underwent a clinical and geriatric assessment including demographics (age, gender, education, living condition), cognitive status (Mini mental State Examination, MMSE) functional status (Barthel Index and instrumental activities of daily living, IADL) somatic status (Charlson index and Body Mass Index, BMI).

Results. One hundred-thirty-eight patients had CAF (established arrhythmia lasting at least 6 months) and 27 had non datable atrial fibrillation (arrhythmia with onset lasting more than 48 hours but less than 6 months). Of these, 20 patients at low-risk of stroke received aspirin not meeting the SPAF eligibility criteria for anticoagulation and 18 received nor warfarin neither aspirin because sever clinical contraindications (6 with recent gastrointestinal bleeding, 4 with Child C hepatic cirrhosis, 4 with end-stage malignancy, and 4 with pleural effusion). Among the remaining 127 patients, 58 received warfarin and 69 aspirin on the basis of the clinical perception at discharge of their inability to comply with anticoagulants. In the multivariate analysis, age, rural condition, susceptibility to falls, and both cognitive and functional impairments were significantly higher in patients assigned to aspirin ($p = < 0.005$). The follow-up at 12 months indicated that the rate of compliance to the therapy assigned was very high both for warfarin (88%) and aspirin (90%) groups.

Conclusions. Geriatric assessment, based on the evaluation of clinical, psychological and functional parameters, may help physicians in screening subjects unable to comply with anticoagulants.

LONGITUDINAL ASSESSMENT OF SERUM LEVELS OF REPRODUCTIVE HORMONES DURING THE MENOPAUSAL TRANSITION.

MF Bellantoni, EJ Metter, R Manno, JD Tobin, SM Harman, and MR Blackman. Johns Hopkins University School of Medicine, and Intramural Research Program, NIA, NIH, Baltimore, Maryland 21224

Cross-sectional studies suggest that the perimenopausal transition is associated with rapid decreases in serum levels of estrogen, followed by increases in those of FSH>LH, and that the estrogen changes are influenced by body fat mass. Since 1993, we have collected longitudinal data quarterly in 114 healthy, nonsmoking women from the Baltimore Longitudinal Study of Aging, aged 45-55 yrs, who were initially experiencing regular menses. We evaluated the changes in FSH, estradiol (E2), estrone (E1), E2/E1, and sex hormone binding globulin (SHBG) values (mean values ± SE) at various intervals (−2 yrs, -1 yr, 0, +1 yr, and +2 yrs) referable to the onset of menopause, defined as the time of the first elevation in FSH levels to > 30 mIU/ml. Using a mixed effects analytical model, we found longitudinal increases ($p<.00001$) in circulating levels of FSH (13±2 to 51±3), and decreases ($p<.00001$) in values for E2 (104±1 to 57±2), E1 (7.3±0.1 to 4.8±0.1), E2/E1 (17.7±0.2 to 11.6±0.2), while SHBG (1.8±0.1 to 1.7±0.1) did not change (p=NS). The declines in E2 and E1 levels occurred concurrently and preceded the rise in FSH, although the decline in E2 was greater than that of E1 ($p<0.0001$). After adjustment for age at initial FSH >30, the levels of FSH were inversely related to BMI ($p<.002$) and total body fat ($p<.05$) as assessed by DEXA, whereas E2 and E1 were not independently related to either index of body fat. The relationships of these endocrine changes to perimenopausal alterations in fat, skeletal muscle and bone metabolism remain to be determined.

FACTORS RELATED TO DOSING OF PSYCHOTROPIC MEDICATIONS IN OLDER ADULTS

Ryne A. Paulose, F.M. Ahern, C.H Gold, D.A. Heller
Department of Biobehavioral Health, Pennsylvania State University, University Park, PA 16802

Optimal drug doses in the elderly still need to be established for many drugs. The objectives of this study were to: 1) investigate psychotropic drugs prescribed to a geriatric population in terms of prescribed daily doses (PDD), 2) compare PDD to recommended geriatric daily doses (RDD) and average PDD, and 3) examine PDD by multiple explanatory variables. All psychotropic drugs prescribed to older enrollees of the Pennsylvania Pharmaceutical Assistance Contract for the Elderly and Pennsylvania's Medical Assistance Program for a one-year period (7/1/95-6/30/96) were examined (N=2,348,061). Anxiolytics were most frequently prescribed (36%), followed by antidepressants (31%), antipsychotics (19%), and hypnotics (14%). Nine percent of new and 10% of maintenance drugs were prescribed at doses greater than plus or minus one standard deviation away from the average PDD. Comparison of average PDDs to RDDs revealed that most drugs were prescribed in doses close to that recommended for older adults. Multivariate analysis revealed that high initial doses were prescribed to younger-old, male, nursing home residents, and users of a greater number of other psychotropic drugs. High maintenance doses were more likely to be prescribed to younger-old, male, community dwelling, Medicaid recipients, and users of more other psychotropic drugs and non-psychotropic drugs. These results will be presented for specific therapeutic classes of drugs. Examination of drug therapies outside of recommended geriatric guidelines is important to identify at-risk individuals and possible inappropriate prescribing.

LACK OF ADHERENCE TO THERAPEUTIC REGIMENS: PERCEPTIONS AMONG OLDER ADULTS IN SUBSIDIZED HOUSING

B. Edlund, Col. of Nursing, Medical Univ. of SC, 99 Jonathan Lucas St., Charleston, SC 29425

Lack of adherence to therapeutic regimens may lead to poorer health for individuals as well as increased health care costs. The reasons for lack of adherence are multifaceted and not fully understood. The purpose of this research study was to explore the issue of lack of adherence to therapeutic regimens among older adults in subsidized housing. The study utilized a descriptive exploratory design applying focus group methodology. Study subjects (N = 32) were divided into ethnically equal groups of Caucasian (N = 16) and African-American (N = 16) male and female residents living in a subsidized housing development in a local medically underserved poverty area. The first focus group session was approximately 1½ hours in length. Content analysis was conducted and a second session was held with subjects to establish the validity and comprehensiveness of the content themes. Reasons given for lack of adherence included: 1) being told you are fine and concluding you didn't need the medication any more, 2) too many medications and confusion over dosing schedule, 3) allocating limited resources for other things. Gender and ethnic differences also were explored. Knowledge gained from this study is clinically applicable.

FREQUENCY OF DRUGS PRESCRIBED WITHOUT INDICATION TO HOSPITALIZED PATIENTS DISCHARGED TO NURSING HOMES.

J.E. Carlson, MD; S Brady, PharmD; University of Texas Medical Branch at Galveston, 301 University Blvd, Galveston, TX 77555.

Hospitalized patients discharged to nursing homes are commonly supervised by a new physician. Because the new physician is unfamiliar with the patient, hospital discharge medications are frequently continued long term. Patients receiving a medication that has no indication are exposed to the risks of the drug without the potential for significant benefit. The purpose of this study was to determine how often patients discharged to nursing homes are prescribed medications without an indication. A pharmacist reviewed the discharge medication list and the hospital record prior to discharge of 114 consecutive hospital discharges (of 94 patients) from an acute *geriatrics unit to nursing homes from 5/1/99 to 2/29/00*. A total of 866 medications [mean 7.7 drugs/discharge (range 2-16)] were reviewed. The survey showed that 194 (22.4%) of the medications lacked documentation of an appropriate indication. Upon inquiry by the survey pharmacist, the patients' hospital physicians were unable to verbally establish the indication for 51 (26.3%) of the undocumented drugs. The most frequent classes of medication to be undocumented included vitamins (18.5%), minerals (16.0%), and laxatives (13.4%). The most frequent without known indications included H_2 antagonists (19.6%), vitamins (15.6%), and antiplatelet agents (11.8%). Patients discharged to a nursing home are frequently prescribed medications without a known indication.

OLANZAPINE IN THE PREVENTION OF PSYCHOSIS AMONG NURSING HOME PATIENTS WITH BEHAVIORAL DISTURBANCES ASSOCIATED WITH ALZHEIMER'S DISEASE

PD Feldman, WS Clark, JS Street, TM Sanger, A Breier.
Lilly Research Laboratories, Eli Lilly and Company,
Indianapolis, IN

A multicenter study was conducted to determine the efficacy and safety of olanzapine in treating psychotic symptoms and behavioral disturbances associated with Alzheimer's disease. This analysis was performed *post hoc* among nursing home patients who did not yet have delusions or hallucinations to assess the appearance of such psychotic symptoms. Onset of psychotic symptoms was determined with the NPI/NH during treatment with either placebo or a fixed dose of 5, 10, or 15 mg/day of olanzapine for up to 6 weeks of therapy. Among patients entering the study with neither hallucinations nor delusions ($n = 76$), there was a significantly greater increase in development of these psychotic symptoms among placebo patients compared to olanzapine patients ($p = .006$). For the larger subset of patients without hallucinations at baseline ($n = 155$), significantly fewer olanzapine-treated patients (7.4%) developed hallucinations compared to placebo (21.9%, $p = .045$). Olanzapine had a favorable safety profile in each symptom-subgroup of patients. Changes in extrapyramidal symptoms, labs, and vital signs were not statistically or clinically significantly different for patients treated with olanzapine compared to placebo. These results suggest that olanzapine may be a safe and well-tolerated antipsychotic that may benefit patients with Alzheimer's dementia by reducing the appearance of psychotic symptoms.

REDUCTION OF PSYCHOTIC SYMPTOMS IN PATIENTS WITH LEWY BODY-LIKE SYMPTOMS TREATED WITH OLANZAPINE

WS Clark, JS Street, TM Sanger, A Breier, Lilly Research Laboratories, Eli Lilly and Company, Indianapolis, IN USA

A *post hoc* analysis was performed on the results of a double-blind, 6-week study of nursing home patients ($n = 206$) with dementia to determine the efficacy and safety of olanzapine in reducing psychosis and behavioral disturbances. The effects of 5, 10, and 15 mg/day olanzapine were assessed relative to placebo in patients who had possible Lewy body dementia ($n = 29$), determined by a nonzero score on the Simpson-Angus Scale and a nonzero score on the *Hallucinations* item of the NPI/NH. All data are reported as mean changes. Patients receiving 5 mg/day of olanzapine improved by 82.9% on the NPI/NH *Delusions* and *Hallucinations* combined score, compared to 17.4% for placebo ($p = .015$). On the *Delusions* item, olanzapine-treated patients improved by 77.8%, compared to 29.0% for placebo ($p = .012$). Olanzapine-treated patients showed 85.7% improvement in Occupational Disruptiveness related to the NPI/NH *Delusions* and *Hallucinations* items. Placebo-treated patients showed only 14.0% improvement ($p = .002$). Significant improvement ($p = .042$) was also found on the Mini-Mental State Exam for olanzapine-treated patients (2.4-point improvement), compared to placebo (0.1-point worsening). Changes in EPS were not statistically or clinically significantly different for patients treated with olanzapine. Compared to placebo, 5 mg/day of olanzapine significantly improved psychotic symptoms and behavioral disturbances in patients with possible DLB. Additional well-controlled studies are needed to confirm these results.

INAPPROPRIATE DRUG USE, FUNCTIONAL STATUS DECLINE, AND MORTALITY AMONG COMMUNITY DWELLING ELDERLY.

J.T. Hanlon[1], G. Fillenbaum[2], M. Kuchibhatla[2], C. Boult[1], C. Gross[1], J. Garrard[1], K. Schmader[2] [1]U of Minn. Mpls, MN 55455 and [2]Duke University Medical Center.

We evaluated the relationship between inappropriate drug use, functional status decline and mortality in 3234 subjects from the 2nd in-person wave of the Duke EPESE. Drug use, determined during in-home interview, was coded as to appropriateness by applying Beers explicit criteria. Four functional status measures were assessed at baseline and at 3 years. Deaths were determined by NDI search during the 3 year period. Of participants, 27% used one or more inappropriate agents. The associations between inappropriate drug use and complex self-management (Adj. OR 1.19, 95% CI 0.93-1.49), intermediate self-care (Adj. OR 1.08, 95% CI 0.88-1.33), basic self-care (Adj. OR 1.25, 95% CI 0.94-1.66), or mobility (Adj. OR 0.98, 95% CI 0.80-1.20) were not significant after controlling for covariates. Inappropriate drug use was also not associated with mortality (Adj. HR 1.02, 95% CI 0.85-1.23) after controlling for covariates. Inappropriate drug use, measured by Beers criteria, does not appear to be an important risk factor for either functional status decline or death in community dwelling elderly.

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THE EFFECTS OF OLANZAPINE ON ALZHEIMER'S DISEASE ASSESSMENT SCALE SCORES IN PATIENTS WITH MILD TO MODERATE ALZHEIMER'S DISEASE WITH PSYCHOSIS AND BEHAVIORAL DISTURBANCES

JS Kennedy, BB Basson, AJ Zagar, WS Clark, TM Sanger, JS Street, VL Stauffer, FP Bymaster, GD Tollefson, Eli Lilly and Company, Lilly Research Laboratories, Indianapolis, IN USA

Objective: To determine the effects of olanzapine (OLZ) on ADAS-Cog scores in patients with Alzheimer's disease (AD) with psychosis and behavioral disturbances who demonstrated a mild to moderate cognitive impairment at baseline.

Methods: A post-hoc analysis was conducted on the effects of OLZ on ADAS-Cog scores in a subgroup of nursing home patients with AD participating in a multicenter, double-blind, placebo-controlled study. Mean change from baseline to endpoint in the ADAS-Cog scores was analyzed in 43 of the 206 patients randomized to 1of 4

treatment arms (placebo, OLZ 5 mg, OLZ 10 mg, OLZ 15 mg). Correlation coefficients between the change from baseline to endpoint for the ADAS-Cog scale and Neuropsychiatric Inventory-Nursing Home Version (NPI/NH) were calculated to assess the relationship between changes in cognition and psychosis.
Results: For this subgroup, patients receiving OLZ 5mg (n=17) improved on the ADAS-Cog by –0.94 points over 6 weeks, which was not significantly different from the worsening of 1.38 points seen the placebo group (n=8) (p=0.495). Over all treatment groups, changes in ADAS-Cog scores were not significantly correlated with changes in NPI/NH Psychosis scores (p=0.357; r=0.146).
Conclusion: Numerically, OLZ 5 mg did not worsen cognitive function, and while no statistically significant evidence of cognitive improvement was observed, the trend indicates that OLZ 5 mg may provide cognitive benefit in mild to moderately impaired AD patients compared with placebo. Further prospective studies need to be conducted in AD patients without psychosis or behavioral disturbances to determine the potential for beneficial cognitive effects of OLZ.

LONG-TERM EFFICACY OF OLANZAPINE IN THE CONTROL OF PSYCHOTIC AND BEHAVIORAL SYMPTOMS IN PATIENTS WITH ALZHEIMER'S DEMENTIA

JS Street, WS Clark, BE Juliar, PD Feldman, DL Kadam, A Breier; Lilly Research Laboratories, Eli Lilly and Company, Indianapolis, IN

A multicenter study was conducted to determine long-term efficacy and safety of olanzapine in treating psychotic symptoms and behavioral disturbances associated with Alzheimer's disease. Elderly nursing home patients (mean age: 83.1 years) with dementia (n = 137) who successfully completed a 6-week double-blind study entered an open-label phase of up to 18 weeks during which they received olanzapine (dose range: 5, 10, or 15 mg/day). Mean change in the sum of the *Agitation/Aggression*, *Delusions*, and *Hallucinations* items of the NPI/NH was used as the primary efficacy measure (Core Total). Following treatment with olanzapine, patients' scores improved significantly on the Core Total (mean, -7.55; SD = 8.53; $p < .001$), Total (mean, -17.85; SD=23.72; $p < .001$), and 10 of the 13 individual item scores of the NPI/NH, including *Occupational Disruptiveness* (mean, -2.84; SD = 3.24; $p < .001$). Barnes Akathisia scores improved significantly from baseline (mean, -0.22; SD = 0.80; $p = .002$). Simpson–Angus and AIMS scores were not significantly changed. No significant changes occurred in patient ECGs, including QT_c interval, nor in any other vital sign or in weight. Treatment-emergent symptoms included somnolence (26%), accidental injury (25%), and rash (22%). These data suggest that olanzapine is an effective, generally safe, and well-tolerated long-term treatment for psychotic symptoms and behavioral disturbances in elderly patients with Alzheimer's dementia.

Blood Glucose and Lipid Levels Following Chromium Supplementation in Diabetic Elderly Patients on a Rehabilitation Program

H. Rabinovitz*, A. Leibovitz*, Z. Madar, Gabai G.*, B. Habot***

*** Shmuel Harofe Hospital, Geriatric Medical Center, Affiliated with the Sackler Faculty of Medicine. Tel-Aviv University**
****Hebrew University, Jerusalem Faculty of Nutrition.**

Intervention trials have shown the beneficial effects of chromium supplementation in Type II Diabetes (NIDDM). This study investigated the effects of Chromium picolinate on diabetic elderly patients within an active rehabilitation program. Thirty-nine subjects, average age 73 y (18 males and 21 females) on rehabilitation following stroke or hip fracture entered this study. Along with standard treatment for diabetes, they received 200µg of chromium twice a day for a three-week period. Blood samples, dietary intake and anthropometric data were collected prior to, and post-intervention. Throughout the study, participants received a low-sugar diet of approximately 1500 kcal/day. Significant differences ($p<0.05$) were found at the termination of the experiment in the fasting blood levels of glucose (189± 9.5 vs 150±6 mg/dL). Hb AIC also improved from 8.15±0.48 to 7.58±0.40 ($P<0.01$).
Total Cholesterol was also reduced from 225.26±50.31 to 211.42±33.51 ($P< 0.022$).
A trend towards lowered triglyceride levels was also observed (152±13.7 vs 136±9 mg/dL). We conclude that in this elderly diabetic population, on a Rehabilitation program, dietary supplementation with chromium is beneficial in moderating glucose intolerance. In addition, chromium intake appears to lower plasma lipid levels.

A COMPUTER-BASED INTERVENTION TO PREVENT POTENTIAL DRUG-RELATED MEDICAL ERRORS IN THE ELDERLY.

BA Nagle, P Buttitta , LA Cataldi, M Monane. Merck-Medco Managed Care, L.L.C., Franklin Lakes, NJ 07417.

Compared to other populations, the elderly are most likely to suffer adverse events when drug doses are high. We performed a computer-based intervention that sent alerts to pharmacists to contact physicians when medications for elderly patients exceeded dosing recommendations (developed by our medical advisory board with geriatric experts) for five classes of drugs.

We contacted physicians about potentially unsafe doses for 28,951 prescriptions among 26,792 patients (54% female, average age 74) over a 9 month period. Dose reduction occurred 10.5% of the time. This is significantly greater than the 3% prescribing change observed in a control group from a prescribing intervention study in an ambulatory population.

Drug Class	Prescriptions (n)	Change (%)
Sedatives	9,497	22
Antidepressants	5,853	6
Hypoglycemics	3,055	6
Lipotropics	2,873	4
Antihypertensives	7,673	4

This large, computer-based intervention provides an opportunity to improve prescribing and help prevent potential drug-related medical errors among ambulatory elderly.

MEDICATION ERRORS IN THE ELDERLY

R. Correa, E. Cowley, Divisions of Public Health Programs and Practitioner & Product Experience, U.S. Pharmacopeia, Rockville, MD 20852

The U.S. Pharmacopeia (USP) sets standards for drugs and develops authoritative drug information for health care professionals and the public. USP also operates a Medication Error Reporting (MER) Program to identify problematic situations,heighten practitioners' awareness of theses situations, and help resolve issues pertaining to problems with drugs. Queries of the USP MER database revealed that more than 15% (609) of the 3818 reported errors between Jan 1995 and Dec 1999 involved the elderly. Ninety-three percent (565) of reported medication errors in the elderly were cited to reach the patient, compared to 65% (2505) of all reported errors in a 5-year period. Errors reported in the elderly were more likely to have harmful or fatal outcomes (24%, 145) when compared with aggregate 5-year data (16%, 604). Medication error prevention and reduction strategies should be focused on the elderly due to their increased vulnerability to adverse medication error outcomes.

ABDOMINAL ADIPOSITY AND ENDOTHELIAL FUNCTION IN OLDER MEN

S. Begum, M.C. Corretti, A. Ryan, S. Waldstein, K. J. Maier, C. C. Powell, L.I.Katzel,
University of Maryland, Baltimore County, Baltimore, MD, University of Maryland School of Medicine/ Baltimore VA Medical Center GRECC, Baltimore, MD 21201

Aging is associated with a decline in endothelial function. This decline may be due in part to age-associated increases in obesity. We examined the relationship between total obesity (DXA) and abdominal adiposity (CT scan at L4) and endothelial function in 38 older (68±5 years, mean ± SD) sedentary men. Endothelial function was assessed at rest and in response to reactive hyperemia using high resolution external ultrasound. The subjects had an average body mass index (BMI) of 29.3±2.9 kg/m^2, and % body fat of 29% ± 5 (range 18 to 41%). In simple linear regression analysis, there were no statistically significant relationships observed between the indices of fat distribution (waist to hip ratio (r=-0.20), total obesity (% fat , r=-0.11) or abdominal obesity (visceral area, r=-0.14; subcutaneous area, r=-0.05; sagittal diameter, r=-0.15), and flow-mediated endothelial function. These findings suggest that adiposity per se plays a minor role in determining endothelial function in older men.

GHRH TREATMENT MAY IMPROVE COGNITIVE FUNCTION IN THE HEALTHY ELDERLY.

M.V. Vitiello, G. Mazzoni, K.E. Moe, G. Drolet, S. Barsness, G.R. Merriam and R.S. Schwartz. Psychiatry and Medicine, University of Washington and VA PSHCS, Seattle and Lakewood, WA 98195

Declining activity of the GH/IGF-I axis has been implicated in the aging of physiological functions, possibly including cognition. We, and others, have reported positive correlations between IGF-I and cognition in the healthy elderly[1-2]. Here we report preliminary cognitive findings from our ongoing growth hormone releasing hormone (GHRH) treatment study. Cognitive function was assessed in 64 healthy elderly (68.2±5.9) men and women before and at five month's treatment with either placebo or GHRH (Geref®). GHRH treatment resulted in improved performance on WAIS Digit Symbol Substitution (5%, p<.05), Finding A's (7%, p<.05) and the Single-Dual Task (7%, p<.04) relative to placebo subjects. All of these tasks involve psychomotor and perceptual processing speed, both of which are known to decline with age. These preliminary results support the hypothesis that the age-related declines in the somatotrophic axis may be related to declines in cognition, and that supplementation of this neuro-hormonal deficit may partially ameliorate such declines.

1 Aleman, A et al , J Clin Endocrinol Metab 84:471-475, 1999
2 Vitiello, MV, et al , The Gerontologist 39 6, 1999

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24 HOURS BLOOD PRESSURE PROFILE IN ULTRACENTENNIAL HUMAN BEINGS

P.Rossi*, G.Bertinieri°, G.Annoni*, S.Ciccone*, C.Mazzetti*, G.Grassi°, G.Mancia°, C.Vergani*.
*Dept.Geriatrics and °Center of Hypertension IRCCS Ospedale Maggiore, University Study Milan, Italy.

Objective: Ambulatory blood pressure (BP) in the elderly has been repeatedly studied in the past, the groups selected being in most cases composed by subjects 65 to 75 years (ys) old The objective of the study has been to determine ambulatory BP values and profile in the most advanced age.
Methods : We performed a 24 h BP monitoring (Spacelab 90207 device) in 8 untreated ultracentennial subjects (6F,2M, age=101.8 ±1.1 ys, mean ± SEM) and in 25 healthy subjects (14F,11M) aged 83.7 ±3.5 ys.
Results: 24h BP and heart rate (HR) means in the ultracentennial group were 125.4 ±5.3/65.6 ±3.6 mm Hg (systolic and diastolic BP), and 77.6 ±5.8 b/min, respectively, no differences between daytime and nighttime were observed for all parameters. In all subjects a significant reduction of BP values was observed in the post-prandial period (115.1 ±5.2/ 61.6 ±2.1 mm Hg, p< 0.05),associated to a moderate increase in HR (84.3 ±5.2 b/min). In the group aged 83.7 ys a 10% reduction of mean BP was present during the night.

Conclusions : Our study shows that 24h BP and HR values in ultracentennial subjects are similar to those observed in much younger normotensives. Absence of the nocturnal and persistance of the post-prandial hypotension suggests an age related derangement of the sleep mechanisms, still not occurring in the subjects 84 ys old.

MUSCLE FREE FATTY ACID (FFA) UPTAKE AND CARDIOVASCULAR AND METABOLIC DISEASE RISK FACTORS.

P. del Corral, J.E. Wolfe and A.R. Coggan. Biomedical Mass Spectrometry Facility, Division of Gerontology, University of Maryland, and GRECC, Baltimore VA Medical Center, Baltimore, MD 21201

Aging is accompanied by a decline in fat oxidation, which may contribute to the prevalence of obesity, dyslipidemia, and associated comorbidities in the elderly. We sought to determine whether there was an association between muscle FFA uptake and several cardiovascular and metabolic disease risk factors in young and older persons. Healthy subjects (n=10, 28-70 y, 7M, 3F) underwent femoral arterial and venous catherization to determine FFA uptake across the leg using ^{13}C-oleate as a tracer. Muscle FFA uptake was not related to body mass index, glucose metabolism (fasting plasma glucose or 3 h post-load area under curve), blood lipid (triacylglycerol or total cholesterol) levels, resting blood pressure, or VO_2max, but was associated with percent body fat (r=-0.63, P=0.04). We conclude that body composition and muscle FFA uptake are inversely related in healthy young and older subjects.

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10 YEAR BODY COMPOSITION CHANGES IN THE ELDERLY

VA Hughes, WR Frontera, WJ Evans, R Roubenoff, M A Fiatarone Singh
USDA Human Nutrition Research Center on Aging at Tufts Univ; Spaulding Rehab Hosp, Harvard Med Sch, Boston, MA; Nutrition, Metabolism and Exer Lab, Univ of AR, N Little Rock, AR; School of Exer and Sports Science, Univ of Sydney, Australia.

Estimates of the magnitude of age-associated loss of fat-free (FFM) and gain in fat mass (FM) are mostly derived from cross sectional studies. We assessed the longitudinal changes (9.5 y) in body composition in an elderly cohort of (M)en and (W)omen (n=137, initial age 61±1y) and compared composition changes (by hydrodensitometry) in weight gainers (WG= >2kg) and weight losers (WL = >2kg). Men had an overall 1.1± 0.5 kg increase in FM and a 1.0±0.3 kg decrease in FFM. Women had a 1.3±0.5 kg increase in body weight that was accounted for by an increase in FM with no change in FFM. In WL, the loss of FFM (% body wt) was 63±13% in M and 35±11% in W. FFM accounted for a smaller proportion of the weight change in WG (8±10% in M, 21±8% in W). These data quantify the FM gains over a decade in elderly men and women, and also indicate that the FFM changes are dependent on sex and associated weight change.

Faster Rate of Bone Mineral Density Loss in Older Men Compared to Older Women.

EA Burns, MD, R Fleming, PhD, E Duthie, MD, JP Smith, MS, J Pleuss, RD, C Wilson, PhD, L Sheldahl, PhD, H Raff, PhD, I Rudman, RPT
Medical College of Wisconsin, Milwaukee, WI, 53295

Osteoporosis is a common condition in the elderly, with complications most common in women. Peak bone mineral density (BMD) is lower in women than men. However, hip fractures in men carry greater morbidity and mortality. Little is known about the natural course of BMD loss in men. We assessed community-dwelling men (n=144) and women (n=120) >60 years every 6 months for 5 years. BMD was measured at 6 sites by dual energy x-ray absorptiometry. Men lost BMD at Ward's triangle and the femoral neck significantly faster than women (regardless of hormone use), and faster at the trochanter than women on HRT (all p<.05, random coefficients model) (table shows annualized % change in BMD).

Site	Men	Women HRT	Women no HRT
Ward's	-1.66%	-0.28%	-0.01%
Trochanter	-1.51%	-0.82%	-1.55%
Femur	-0.83%	0.43%	0.26%

Women on HRT had greater BMD than women off HRT, but rates of BMD loss were not significantly different. Calcium intake and smoking history did not predict BMD at any site for either gender.

This data suggests that in spite of attaining higher peak BMD, with continued increase in life expectancy, men will become increasingly at risk for complications of osteoporosis and may warrant more aggressive intervention to reverse these age-related changes.

PREVALENCE OF ORAL CANDIDOSIS IN GERIATRICS : A FRENCH MULTICENTRIC STUDY

N. de Rekeneire[1], P.Bouree[2], P.Brocker[3], M.F.Maugourd[4], A.Perillat[5], R.Moulias[6]
Centre gérontologique Marseille[1],Hôpital Bicêtre Le Kremlin Bicêtre[2],CHU de Nice[3],Hôpital G.Clemenceau Champcueil[4], EVAL Paris[5], Hôpital C.Foix Ivry-sur-Seine[6]

A study about oral candidosis prevalence was realized in a representative sample of patients hospitalized in geriatric units. Uncertain sample of 121 geriatricians of the French Society of Gerontology included by drawing lots 3724 patients. After balancing in function of poll rate applied by each geriatrician according to his number of beds, the statistical analysis included 8230 patients, 412 < 65 years old were excluded .This analysis consisted in a bivariate and in a logistic regression model . Oral candidosis diagnosis was reported on the presence of at least 1 of the 4 clinical signs : red tongue, bright, budless , stomatitis under denture.Prevalence of oral candidosis in this population is 24%. The analysis underlined associated factors with this pathology : male sex, acute or readaptative unit, cognitive impairment and a bad tooth hygiene, diabetes, malnutrition, dehydration, lymphopenia <1200/µl, hemopathy or cancer and iatrogenic factors as a recent or actual antibiotics therapy, a corticoïd therapy or a psychotropic treatment . 64 % of patients with an oral candidosis didn't present any evocative complaint and for 46 % the nurse didn't report any abnormality The difficult interpretation of the mouth sample makes this test not necessary to confirm the diagnosis, it was prescribed in only 21 % of the symptomatic patients. This pathology is very frequent in hospitalized elderly and associated with a great comorbidity and plenty of frailty factors. It is important that medical doctors make a systematic oropharyngeal examination in this population even in the absence of signs .

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INTERVENTIONS TO ENHANCE THE SAFETY OF OLDER DRIVERS: TRANSLATING RESEARCH RESULTS INTO PRACTICE.

C. Owsley, Center for Research in Applied Gerontology, University of Alabama at Birmingham, Birmingham, AL 35294-0009.

PARTICIPANTS:

K. Ball, D. Roenker, M. Rizzo, D. McGehee (University of Alabama at Birmingham, Western Kentucky University, University of Iowa) Cognitive Training to Improve Driving Competence.

B. Stalvey, J.M. Phillips, C. Owsley (University of Alabama at Birmingham) The Efficacy of an Educational Curriculum in Promoting Self-Regulation Among Older Drivers.

L. A. Hunt, K. Weston, M. Bender, M. Kincaid (Occupational Therapy Program, Maryville University, St. Louis, MO 63141) Effects of a Driver Rehabilitation Program on Disabled Older Drivers.

C. Owsley, J. Wells (University of Alabama at Birmingham). Working Within a Health System to Determine Driving Fitness: The Driving Assessment Clinic.

D. Roenker, K. Ball, G. Cissell (Western Kentucky University, Bowling Green, KY 42101, University of Alabama at Birmingham) Preliminary Results of a Field Test of a Driver Assessment Battery.

DISCUSSANT:

R. Barr (National Institute on Aging/NIH, Bethesda, MD 20892)

Driving is the primary mode of daily travel in most societies. Older drivers are increasing both in terms of the number of drivers on the road and the miles they drive. For every 100,000 miles driven, older drivers have twice the crash rate of most other age groups, and once in a crash are more likely to suffer a debilitating injury or die. Basic research indicates that visual, cognitive and physical impairments are primary causes of the increased crash rate of the older population. This symposium will demonstrate how these basic research findings are being translated into practice through the design and evaluation interventions to enhance older driver safety. Presentations will address individual and system level interventions including training to improve visual processing speed and attentional skills, education about safe driving practices for high-risk drivers, training in the use of assistive driving devices for physically disabled drivers, a clinic situated within a large healthcare system that evaluates crash risk and on-road driving performance, and an innovative driver screening program in a state motor vehicle administration.

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ADHERENCE TO RECOMMENDATIONS OF A GERIATRIC OUTREACH TEAM

J Eshaugh, P Stolee, A Arsenault, D C Wiancko, S Lloyd, G Johnson, C Cormack, H Parker, C Beaton, S Lytwynec, M J Borrie, Southwestern Ontario Regional Geriatric Program, 801 Commissioners Road E., London, ON, N6C 5J1, Canada.

Geriatric outreach teams provide comprehensive geriatric assessments to frail elderly clients in community and institutional settings. Implementation of recommendations based on these assessments has been frequently identified as a major challenge in demonstrating their effectiveness. We measured adherence to recommendations in telephone interviews, conducted by a research assistant with clients (n=132, mean age: 81.0±7.2 years, 66% female) or their caregivers three months following the assessment. Eighty-nine percent of the clients who remembered the assessment itself were satisfied with the process, 87% were satisfied with the recommendations provided. Clients and caregivers reported that the majority (58%) of recommendations (mean 5.0±2.7 per client) had been initiated by the three month follow-up (of these, 85% were fully completed and 15% partially completed). Adherence varied by type of recommendation (highest for recommendations related to advance directives, lowest for recommendations related to respite care and caregiver support). Team members independently investigated a sub-sample of cases and found higher rates of adherence (69% initiated), there was moderate agreement (kappa=.53±.09) between these reports and those of the research interviewer. Further analysis will be presented on factors that may be associated with adherence. This work is intended to lead to strategies for enhancing adherence to recommendations and the overall effectiveness of geriatric outreach teams.

The Geriatric Index Comorbidity is associated with length of hospital stay and survival in hospitalized elderly patients.

R.Rozzini, S.Boffelli, P.Barbisoni, T.Sabatini, A.Bianchetti, M. Trabucchi. *Medical Unit for the Acute Care of the Elderly*, (Poliambulanza Hospital) and *Geriatric Research Group*, via Romanino 1, 25122 Brescia, Italy

Objective: To determine if the Geriatric Index of Comorbidity-GIC, a new index taking into account number and severity of diseases, adds more information than the common geriatric variables in predicting LOS and 6 mos survival of elderly hospitalized patients.

Methods: the sample consisted of 606 hospitalized elderly patients (age=79.4; females=66%) with chronic disability (Barthel Index on admission=75) consecutively admitted to an ACE-Medical Unit (Poliambulanza Hospital, Brescia, Italy) during a period of 9 months.

Results: The length of stay ranged from 1 to 28, with a median of 6.7 days. Independently associated to LOS were: negative events, serum albumin, dementia, cancer, disability on admission, and GIC. During the 6 months follow-up 69 (11.6%) elderly patients died. Factors associated to mortality were serum albumin, APS score, coronary heart disease, diabetes mellitus, GE diseases, negative events and independently were disability on admission (RR=2.9, 95% CI: 1.6-5.4), dementia (RR=2.1, 95% CI: 1.2-3.7), congestive heart failure (RR=3.1, 95% CI: 1.3-7.3), advanced cancer (RR=4.4, 95% CI: 2.3-8.1) and GIC (RR=2.9, 95% CI: 1.5-5.6).

Conclusions: the study documents that comorbidity, as detected by GIC provides useful information regarding hospital

LOS and prognosis of elderly patients. Comorbidity should be taken into account, not only in chronic but also in acute elderly patients.

ANNUAL POSTAL SCREENING FOR GERIATRIC PROBLEMS. WHAT HAPPENS AFTER TWO YEARS?

J. O. Harker, S.S. Freed, K.R. Josephson, C. A. Alessi, L.Z. Rubenstein, GRECC (11E),VA Greater Los Angeles Healthcare System, Sepulveda, CA 91343

Outcomes of repeated screenings for geriatric problems are not well documented. We evaluated changes in health status reported by outpatients age ≥ 65 whose initial postal screening survey (PSS) score was below the threshold for requiring prompt geriatric referral ('low risk'). The 10-item PSS targets depression, cognitive impairment, falls, incontinence & functional decline. 58% of outpatients screened were classified as 'low risk'. A sample of 680 'low risk' respondents received follow-up PSS 1 and 2 years after the initial survey.

The response rate for the 1 and 2 year PSS was 90% and 89%, respectively. The percentage of respondents who had scores in the 'high risk' range or who had died was 21% at 1 year and 28% at 2 years. 76% of subjects completed all 3 surveys. Of these, 70% were stable and remained 'low risk' after 2 years. 11% became 'high risk' at 1 year and remained so at 2 years. 13% changed to 'high risk' at 2 years, and 6% switched risk categories (low-high-low). Of the 250 persons with lowest scores (0,1) on the original PSS, only 9% became 'high risk' at two years, compared with 39% of respondents with borderline scores (2,3). PSS items that showed the greatest change were fair/poor health (+14%), ≥ 4 rx drugs (+12%), and balance problems (+11%). At 2 years, PSS items with the highest frequencies were pain (38%) and number of rx drugs (39%).only 4% of subjects reported ADL problems.

Repeat annual postal screening could be targeted to outpatients with borderline scores. Less frequent screening may be sufficient for persons with lowest risk scores.

SPIROMETRY IN THE ELDERLY

L. Pezzoli, M.C. Sandrini, G. Giardini, I. Dallera, S. Consonni, C. Bilotta, G. Ferrario, G. Annoni.

Geriatric Clinics, University of Milan, Milan-Bicocca and Ospedale Maggiore IRCCS, Milan, Italy.

COPD and asthma are major causes of hospitalization and mortality (about 55% of the mortality for respiratory diseases) for the elderly people and represent an high cost for the society. The prevalence of asthma in subjects aged over 65 years varies between 3-6%, while the prevalence of COPD varies between 6-34%. A main reason for underdiagnosis and/or misdiagnosis is the limited application of functional measures in this age group since is a common belief that old subjects are not able to execute a correct test. American Thoracic Society has elaborated international guide lines for the correct execution and reading of spirometry. From 1996 to 1999, 715 elderly (427 F, 288 M, mean age 75 years, range 65-98) with respiratory symptoms were recruited by us; spirometry was performed in according with ATS 94 criteria for quality control (Am.J.Resp.Crit.Care Med. 152:1107-1136,1995). The analysis showed that:

- 585 patients (81.8%) were able to perform spirometry according to ATS 94 criteria with a mean number of 3.6 loops for patient and with a reproducibility of FEV1 of 40 ml and FCV of 57 ml.
- 119 patients (16.6%) were able to perform spirometry but not in according to ATS 94 criteria.
- in 11 patients (1.5%) none loop acceptable was obtained.

An inverse relationship was observed between the performance of spirometry and the scores of functional and cognitive tests (Activity of Daily Living p=0.000, Instrumental Activity of Daily Living p=0.000, Mini Mental Status Examination p=0.000) and the educational level (p=0.000).

FORCE TREMOR REGULARITY IN PARKINSON'S DISEASE

D.E. Vaillancourt, A.B. Slifkin and K.M. Newell, Department of Kinesiology and The Gerontology Center, The Pennsylvania State University, University, Park, PA 16802.

Tremor is one of the fundamental features used to diagnose and monitor the progression of Parkinson's disease. However, according to clinical diagnosis approximately 30% of Parkinson's patients show no signs of abnormal tremor. We investigate the hypothesis that examining changes in the time and frequency regularity of tremor enhances the characterization of the severity of Parkinson's disease. Eight Parkinson's disease and eight matched control subjects (*M* = 68-80 years) produced a constant muscle force at 5%, 25%, and 50% of their maximal voluntary contraction by squeezing two load cells with their index finger and thumb. The analyses showed that there were no group differences in either the amplitude or modal frequency (approximately 5 Hz) of force tremor. The time and frequency structure of tremor was more regular in Parkinson's subjects. There was a gradual progression in the relative contribution of high frequency power to low frequency power with the severity of disease. Both the time and frequency structure of force tremor had a high negative correlation with the UPDRS motor section. The findings show that the traditional modal frequency and amplitude measures do not provide a sufficient metric for characterizing the tremors of Parkinson's disease. The regularity of the time and frequency structure of motor output provides a measure that characterizes the changes in the severity of Parkinson's disease. The time and frequency structure of tremor may be a useful and sensitive assessment tool for Parkinson's disease before and after surgical and pharmaceutical treatments.

RELIABILITY AND VALIDITY OF A FEEDING ABILITIES ASSESSMENT FOR PERSONS WITH DEMENTIA *

D. L. Wells, C. LeClerc, S. Sidani, P. Dawson, Faculty of Nursing, University of Toronto, 50 St George St., Toronto, ON, Canada M5S 3H4

The study purpose was to test the reliability and validity of a Feeding Abilities Assessment (FAA). The FAA assesses the extent to which ideational apraxia affects the feeding abilities of patients who have dementia. A sample of 259 (156 dementia and 103 control subjects) was generated from four long-term care facilities within the greater Toronto Metropolitan area. Cronbach's alpha, Pearson's r, and Kappa coefficients were used to determine the reliability of the FAA. The t-test was used in contrasted group analysis to determine the construct validity of the FAA. Data analysis indicated the FAA was reliable since the internal consistency, test-retest, and inter-rater reliability had coefficients ≥ .80. The Content Validity Index (CVI) was 78%. Construct validity was indicated by statistically significant differences on the mean scores between the two groups. The FAA is a reliable and valid tool for assessment use in long-term care clinical settings.

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INFLAMMATION AND HEALTH: DATA FROM THE HEALTH, AGING AND BODY COMPOSITION STUDY.

T. Harris, EDB Program, NIA, 7201
Wisconsin Ave, 3C-309, Bethesda, MD
20892-9205.

PARTICIPANTS:

L. Ferrucci (INRCA, Florence, Italy). Why is inflammation important to health in old age?

M. Pahor (Bowman Gray School of Med., Wake Forest, NC) Inflammatory markers and cardiovascular disease

T. Harris (NIA, Bethesda, MD) Fat stores as determinants of cytokine levels.

S. Kritchevsky (U Tenn, Memphis TN) Weight history, body composition, and inflammation in HEALTH ABC

M. Visser (EMGO, Amsterdam, Netherlands) Inflammation, muscle mass and strength.

DISCUSSANT:

H. Cohen (Duke Univ School of Med, Durham NC).

Inflammation may play an important role in sarcopenia and osteoporosis, two major contributors to functional status in old age. Correlates of the pro-inflammatory cytokine, interleukin-6 (IL-6), and C-reactive protein (CRP) will be explored using data from the Health, Aging and Body Composition Study (HEALTH ABC). This is a 7-year study of the relationship of bone, lean mass, and body fat to incident disability; the cohort consists of 3,075 men and women aged 70-79 of whom 46% of the women and 33% of the men are African-American. Presentations will focus on biologic measures which contribute to disability including cardiovascular disease, muscle mass and strength, body fat and weight change. The symposium begins with an over-view of inflammation and its role in health and closes with a discussion from Dr. Cohen contrasting findings from Health ABC with data from other studies.

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MINORITY AGING IN THE US: PROGRESS, PROSPECTS AND POTENTIAL

S. Panapasa, Population Studies Center, University of Michigan, Ann Arbor, MI
K. Watari, Department of Psychology, University of Southern California, CA

PARTICIPANTS:

R. John (Northeast Louisiana University) Chronic Health Problems of American Indian Elders: Individual, Cultural and Social Influence.

E. Mutran (Director, Center on Minority Aging, University of North Carolina) Ethnic Differences in Attitude and Use of Adult Care Homes.

T. Miles (University of Texas, San Antonio) Minority Aging and Issues for Health Care Delivery.

J. McNally (National Archive on Computerized Data on Aging, University of Michigan) Overweight and Underestimated: Measurement Issues Related to Minority Elderly in Nationally Representative Surveys.

The minority population of older persons is expected to represent one of the fastest growing components of the aging population in the United States. The need to understand the experience of minority aging in the US has implications for both research and policy development. Data resources and research agendas that have a realistic impact on the well-being of this segment of the population have been growing but still lag behind our understanding of aging among non-minority populations.

This symposium provides a multi-disciplinary approach to some of the key issues affecting the lives of minority elders in the US. The presenters will draw on their own research experiences to suggest theoretical frameworks that will lead to meaningful research to guide policy and thinking about these issues as we enter this new century.

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The Effect of Geriatric Evaluation and Management Units (GEMU) and Clinics (GEMC) on Survival, Health Related Quality of Life and Functional Status. VA Coop. Trial 006.

H.J. Cohen, VAMC, 508 Fulton St., Durham NC 27705
J.R.Feussner, VAHQ, Washington DC 20420
F. Hsieh, CSPCC , Menlo Park CA 94025
M. Weinberger, VAMC, Indianapolis IN 46202
M. Carnes, VAMC, Madison WI 53705

In this multisite randomized factorial design, controlled trial, 11 VA sites, competitively selected and monitored for process of care, enrolled 1,388 patients between 8/31/95 and 1/31/99. Frail patients over age 65 admitted to hospital, once stabilized, were randomized to GEMU vs. usual inpatient care and then when ready for discharge, to GEMC vs usual outpatient care. Survival, SF36, ADLs, IADLs, PPT, health services utilization were assessed and costs calculated. The treatment groups were well balanced for functional status and severity of illness. 52% were ≥ 74. There was no difference in 1 year survival among groups (78.6%). Of the 8 SF36 subscales, only 1, general health in the GEMC group, was better at 1 year. At discharge from hospital physical function and bodily pain (SF36) and basic ADLs and PPT were better for GEMU. Health services utilization and costs were similar. Thus, GEMU/GEMC have no effect on survival; GEMU have modest effects on preventing physical function decline for patients in hospital but these are not maintained over time. GEMC have a sustained effect only on patients' self rating of health, which given the lack of additional cost may be a useful outcome.

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COMPARISON OF METHODS FOR EXAMINING CHANGE IN EVERYDAY COMPETENCE

A.J. Revell, G.I.L. Caskie, & S.L. Willis, Dept. of Human Development and Family Studies, 113 Henderson South, The Pennsylvania State University, University Park, PA 16802.

Individuals are often determined to be at risk for cognitive decline when they score below a traditional cut value on a clinical measure of cognitive functioning. An alternative method for classifying cognitive scores using the standard error of measurement (SEM) is proposed as a more reliable indicator of at-risk cognitive status. We investigated the relationship of the two classification methods for Time 1 scores on MMSE, Trails B, Verbal Fluency, and Word List Recall to change in everyday competence. We also examined change in the clinical measures in relation to change in everyday competence. The sample included 335 lower SES, non-demented, community-dwelling older adults (ages 70-92) from the MoVIES study (Ganguli et al., 1991) measured at two occasions. Comparing the two classification methods for Time 1 scores showed that some individuals' scores classified as at risk using the traditional method were actually within 1 SEM of the cut score value. Chi-square analyses found that the traditional and SEM classifications of Time 1 scores significantly differentiated magnitude of change in everyday competence. Using traditional versus SEM approaches, different proportions were classified as decline, stable, or improve on everyday competence. In addition, comparison of the proportions of change in everyday competence and change on the clinical measures showed differential rates. These results may suggest that the everyday competence measure is more sensitive at detecting normal, age-related change.

ITEM BIAS IN THE AHEAD TELEPHONE INTERVIEW FOR COGNITIVE STATUS.

RN Jones, Hebrew Rehab. Center for Aged, Res. & Training Inst., 1200 Centre St., Boston MA 02131

This study summarizes attempts to identify item bias (differential item functioning) according to age, sex and education in the cognitive assessment instrument used in the Asset and Health Dynamics of the Oldest Old study, a modified Telephone Interview for Cognitive Status. The analytic framework was drawn from item response theory. Seven TICS item parcels (orientation to time, count backwards, serial subtractions, know presidents, identify words, immediate word recall and delayed word recall) were analyzed with methods appropriate for the mix of ordinal and continuous dependent variables and weighted data. Low education was defined within age, sex and ethnicity cohort. Results suggest that among white, non-Hispanic respondents (n=5,418), after controlling for underlying level of cognitive ability, the serial subtraction and presidents parcels were more difficult for women and those with low education. The immediate recall parcel was more difficult for men. Among African-Americans (n=876), with measurement model fixed to that of white, non-Hispanics, subtraction, words, and presidents parcels were more difficult for women. Orientation and count backwards parcels were more difficult for men. Subtraction and immediate word recall parcels were more difficult for those with low education.

THE COGNITIVE SCREEENING FOR MEDICATION SELF-MANAGEMENT (CSMS): PERFORMANCE IN OLDER ADULTS

Stephanie A. Cosentino, Angela Lee Jefferson, Catherine C. Price, Mary V. Spiers
Drexel University, PSA Department (#47), 3141 Chestnut Street, Philadelphia, PA 19104

The Cognitive Screening for Medication Self-Management (CSMS; Spiers, 1994, 2000) is being developed to assess medication non-compliance due to inadequate understanding of correct administration. It measures prospective memory, organizational strategies, encoding, retrieval, mental arithmetic, executive function and sensory components associated with medication understanding using actual medication-taking scenarios. Previous research has demonstrated the CSMS prescription memory task to be more sensitive than a traditional serial list-learning task (CVLT-9) in distinguishing cognitively impaired from intact older adults (Lamar et al., 1998). The dose-planning task has been predictive of success in a psychiatric inpatient medication-taking program (Johnson, 1999). The present paper presents the entire test and shows the relationship among specific tasks (i.e., immediate and delayed free recall, cued recall, clock reading, simple arithmetic, and medication dose planning) and demographic variables (i.e., age, education level, mood, and cognitive status) in a sample (N = 34) of older adults (age $\underline{M}$ = 84.88, $\underline{SD}$ = 5.66, educ $\underline{M}$ = 14.36, $\underline{SD}$ = 2.97). As predicted, age was not correlated with task performance, while increasing Geriatric Depression Scale score negatively correlated with performance on immediate and delayed free recall, and medication dose planning ($\underline{r}$ = -.45, $\underline{r}$ = -.64, $\underline{r}$ = -.57, respectively). Cognitive impairment negatively influenced performance on CSMS tasks (e.g., delayed free recall, $\underline{F}$ = 8.07, $\underline{p}$ < .008). Contrary to our hypothesis, group differences in education level did not influence task performance. Findings are discussed in light of future directions in research among clinical populations.

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DEPTH OF PROCESSING AND THE NEGATIVE PRIMING EFFECT: AGE DIFFERENCES

Lucie Bonneville & Tannis Arbuckel-Maag. Centre for Research in Human Development, Concordia University, Montreal, Que. Canada, H4B 1R6

Some studies have shown that, relative to young adults, older adults do not suppress information associated with certain types of stimuli within the negative priming paradigm (NPE) whereas other studies have found that older adults do suppress information. One hypothesis attempting to disentangle these discrepant finding suggests that episodic memory, at the level of the probe, is responsible for an increased NPE whereas a decrease in inhibitory functioning, at the level of the prime, is responsible for a decrease in the NPE. As well, level of processing also appears to be implicated. This experiment tried to address this issue by manipulating levels of processing at the level of the probe while holding the prime constant and visa versa. Twenty young and 20 older adults were tested. Older adults showed a greater NPE when faced with higher levels of processing than did the young. Overall, more NPE was found for both age groups at the higher levels of processing within the probe display versus the prime display. These results lend support to the notion that greater depths of processing may result in excess suppression as opposed to a reduction in suppression and that the NPE appears to be influenced to a greater extent when higher processes demands are made at the probe level versus the prime. This latter finding lends support to the episodic memory hypothesis.

AGING AND IMPLICIT MEMORY FOR WORDS MULTIPLE LEVEL PROCESSING

S.F. Nagata, J. Bader, G. Hanley, J.P. Kesslak*
Program of Gerontology, California State University, Long Beach, Long, Beach, CA 90840 *University of California Irvine, Irvine CA, 92697

Implicit memory is a preserved system in the elderly that does not require intentional effort for new learning. Previous aging studies have not used real-world stimuli for implicit memory. We examined implicit memory in older adults to determine the extent of priming with real-world stimulus cues. Subjects (N = 60) 60+ years of age were randomly assigned to a control or experimental group. Experimental subjects were instructed to read a storybook, then answer questions from a global cognitive assessment. During the test phase, a counterbalanced word-fragment form was administered, which included filler and target words from the storybook, categorized as text (T), pictures (P), picture with text (PwT), and adjusted for frequency within the story and language. The subjects were not told of the relationship between the storybook and word-fragment form to maintain the implicit nature of the study. Control subjects were administered the global cognitive assessment and the word-fragment form but not the storybook. No priming effects were found between groups. A significant main effect ($p < .05$) was found within groups for recall of target words in the order of T > PwT > P. A trend for word recall and frequency was found within the experimental and control group. When primed, low frequency words were more likely to be recalled by older adults. This may suggest that frequency of information and modality of presentation are important for older adults.

SOURCE MEMORY TASK COMPARISONS IN YOUNG AND OLD

Z. Clelland, J.W. Elias, Sanford Center on Aging, University of Nevada, Reno, Reno, Nevada 89577.

Source memory measures are seldom compared in studies of aging. This study compared an external sources task (ES) and an external stimulus-internal response generation (S-R) task in 47 young participants (YP) (19.2 avg age) and 25 education-matched, older participants (OP) (73.4 avg age). The ES task had 2 experimenters each read 15 nouns for immediate recognition among 30 foils (F). The S-R task had 11 Stimuli (e.g. comb) read by one experimenter to elicit 11 Responses (e.g. hair). A mixed list of S, R, and F (likely responses) was then read to P's 3 times. P's indicated original source (you, me, no one) at each reading. The ES task showed significant age differences in mean proportion of S correctly identified to source (Y=.70, O=.57) and in number of total errors identifying source stimuli (Y=12.36, O=18.2). The S-R task revealed Age by Trial interactions. The Y showed fewer mean errors across trials: S errors (Y .23, .34,.46) (O 1.4, 2.7, 1.6), R errors (Y .68, .70, .85) (O 1.92, 1.88,2.44), F errors (Y .21, .23, .23) (O 2.48, 2.44, 3.16), and less source confusion across trials. Low correlations between tasks for S errors (Y r = -.09 ns; O r = .-.36 ns), R errors (Y r = .01 ns; O r = -.26 ns) and F errors (Y r = .19 ns; O r = -.22 ns) were not supportive of a single source memory construct for external source tasks and internal generation tasks.

THE IMPACT OF AGE, WEB SELF-EFFICACY, AND WEB EXPERIENCE ON BOOKMARK USAGE

S.H. Kurniawan, R.D. Ellis, J.C. Allaire
Institute of Gerontology, Wayne State University, Detroit, Michigan 48202

The use of the World Wide Web has grown dramatically over the last five years. Web content areas have expanded into all imaginable aspects of life. Among navigational aids, bookmarks have become a very useful tool to help users remember and retrieve Web pages they have visited. However, managing bookmarks is not a simple task even for expert users.

The current study examined the impact of age, Web Experience (the length of time users have been using the Web), and Web Self-Efficacy (confidence in one's ability indicated by endorsement of items such as "I am very skilled at using the Web") on bookmark usage and management in an adult life-span sample of users. It was hypothesized that Web ability would mediate the effect of age and Web experience on how the users their bookmark usage behaviors (creating a new entry, manually re-arrange entries, creating sub folders adding hierarchy, and annotating an entry).

Six hundred surveys from the Project 2000 data were used to examine this model. Using structural equation modeling techniques, it was found that the effect of age on bookmark usage was fully mediated by Web Self-Efficacy. That is, after accounting for the effects of Web ability, age had no direct effect on bookmark usage. Web Experience was positively correlated to Web Self-Efficacy, and exhibited a direct correlation with bookmark usage.

AGE DIFFERENCES IN MEMORY AND COMPREHENSION OF DRUG ADVERTISEMENTS

C. E. Adams-Price, A. Rigby, B. Steinman, & T. Abernathy, Department of Psychology, Mississippi State University, Mississippi State, MS 39762-6161

Drug companies have greatly increased their marketing of medications directly to consumers, especially in magazines. The result has been pressure on physicians to prescribe drugs patients have seen advertised. Older adults consume more medications than younger adults, and may be targets for the ads. This study tested 40 young and 40 older adults' memory for glossy drug advertisements from magazines, and their comprehension of the text-based ads (inserts) that provide information on the drugs. Subjects were pretested on their knowledge of the drugs, and were presented with a test booklet containing 8 glossy ads and 8 inserts. They viewed the ads one at a time, indicated the purpose of the drug, and answered questions about the ambiguity of the ads. Then subjects read 8 text-only ads similar to inserts. Half were in the traditional insert format and half were in a "frequently asked questions" format. Comprehension was tested by having subjects answer questions about the inserts, which were in front of them. Finally, subjects' memory for the use of the drugs in the glossy ads was tested. Subjects' knowledge of the drugs increased after viewing the ads. Unambiguous ads were more easily remembered than ambiguous ads. Older subjects were initially more familiar with the drugs. Subjects' comprehension of the inserts was somewhat higher with the FAQ format, especially for older adults.

RECOGNITION PATTERNS FOR AGE-DEPENDENT CHANGES IN ABILITIES AS AN ENTERPRISE RESEARCHER

J. Nishimura, Department of Education and Psychology
Tokyo Kasei University at Sayama-shi Saitama Japan

The objective of this study was to clarify the recognition patterns for age-dependent changes in the abilities as an enterprise researcher. A questionnaire investigation was made on the age-dependent changes in 5 different abilities in a total of 1042 researchers in divisions of research and development of Japanese pharmaceutical companies. Most of the responders answered that the specific research ability and technical one were still developing with age, whereas the ability of management tends to develop after a certain age. On the other hand, the opinions of the responders were not coincident in respect of the information literacy. The turning point was around the age of 40. The recognition pattern for age-dependent changes in five abilities were analyzed according to Hayashi's Quantification Theory Type III and the following three patterns were disclosed; a) ability which develops with age (simple development type), b) ability without further development after a certain age (age-limited development type) and c) ability which develops after a certain age (late-development type).

LAY CONCEPTS OF COGNITIVE FUNCTIONING IN OLDER ADULTS

M. Lothian, M. Gilhooly, K. Gilhooly, L. Phillips, P. Hanlon,
Centre of Gerontology and Health Studies, University of Paisley, Paisley, PA1 2BE, Scotland.

Many older people engage in physical exercises to keep their body active – but what about their mind? Do older people engage in mental exercises specifically to keep their mind active? The purpose of this research was to explore how a group of 240 older adults (>73) conceptualise their cognitive functioning. The older adults' subjective evaluation of their current cognitive functioning and perceived age related changes were examined and the nature and frequency of the activities in which they engaged to maintain their cognitive functioning were studied.

Semi structured interviews, and Q-Methodology were employed in the study, and a table was administered which was specially designed to measure self evaluations of current functioning on various cognitive constructs.

Preliminary results have suggested that many older adults who engage in activities with a 'mental exercise' component do so for the enjoyment which they experience from taking part in the activities. Nevertheless, the individuals who do undertake activities of this nature do seem to maintain good cognitive functioning well into old age. Other results suggest that older people perceive significant changes only for recent memory retrieval and believe that other areas of their cognitive functioning remain intact. Some believed that in some ways their functioning had improved, affording them superior social insight.

Keywords: Cognition and Lay Concepts

QUALITY OF LIFE AND REAL WORLD COGNITIVE FUNCTIONING IN OLDER ADULTS

D. Harvey, A. Murray, M. Gilhooly, L. Phillips, K. Gilhooly, P. Hanlon.
Centre of Gerontology and Health Studies, University of Paisley, Paisley, PA1 2BE, Scotland.

The aim of the present study was to examine the relationship between health, cognitive functioning and quality of life in a large sample of older adults drawn from the original Paisley-Renfrew (MIDSPAN) epidemiological study. This study deviated from the traditional experimental paradigm which has attempted to establish a link between health and cognitive functioning, when these factors are measured concurrently. Instead, an innovative feature of the present study was to investigate the relationship between previous risk factors (documented approximately 28 years ago) and current cognitive functioning. Moreover, in addition to administering traditional measures of intelligence and cognitive functioning, which may disadvantage older adults due to the nature of the stimulus materials, "real-world" problem solving was measured using tests developed in the course of the project. The final central theme of this study was quality of life and the extent to which real-world problem solving is a more accurate predictor of perceived quality of life than abstract measures of cognitive functioning.

The results of this exploratory study revealed an interesting pattern of association between health, cognitive functioning and quality of life. It was suggested that future studies explore the relationship of these variables over the life-span so that a multi-disciplinary profile of human development can be devised.

AGE DIFFERENCES IN THE USE OF PSYCHOLOGICAL SKILLS AMONG AMATEUR GOLFERS

T. Petrie, B. Hayslip, and G. Jones Dept of Psych, Univ. of North Texas, Denton, TX. 76203

Thirteen hundred adults aged 18-85 (M=52.44, SD=12.37) who participated in the Dupont World Amateur Golf Tournament (DWAGT) completed self-report measures assessing the use of psychological skills [Test of Performance Strategies (TPS); Golf Performance Survey (GPS); Sport Anxiety Scale (SAS)] at the time they registered to play. ANOVAs indicated substantial ($p < .01$) age differences in SAS and to a lesser extent GPS ($p < .08$) scores, where older players were less competitively anxious and tended to report being less psychologically adept at managing their games. Persons who were more skilled at golf reported more ($p < .01$) confidence in their golf skills, were less competitively anxious, and were more psychologically minded regarding athletic performance. Older players reported less skill ($p < .01$) than did younger players. These data suggest that while older players, who are the least skilled, feel less competitive anxiety, they may nevertheless benefit from the use of psychological techniques to enhance skilled athletic performance.

MAINTENANCE OF COGNITIVE TRAINING GAINS IN THE SEATTLE LONGITUDINAL STUDY

J.S. Saczynski, S.L. Willis, & K.W. Schaie, Gerontology Center, The Pennsylvania State University, University Park, PA 16802

Although predictors of immediate gains following cognitive training have been identified in a number of studies, little work has been done to investigate individual predictors of the long-term maintenance of these gains. The present study examines the seven-year maintenance of cognitive training gains in a sample of community dwelling older adults.

Participants were 209 older adults age 64-85 (mean=70 years) who had been participants in the Seattle Longitudinal Study (SLS) since 1977 or earlier. Participants were classified as having declined or remained stable on the Primary Mental Abilities of Inductive Reasoning and Spatial Orientation in the 14-year period prior to training. Subjects were trained on Inductive Reasoning or Spatial Orientation based on decline status. Results are presented for two replicates, participants trained in 1984 (N = 142) and those trained in 1991(N = 67) with follow-up testing in 1991 or 1998. Maintenance was measured stringently from post-test 1 to pre-test 2.

Results showed that for both reasoning and space participants trained on each respective ability had higher scores at the seven-year follow-up than did the control group trained on the other ability. Although the rate of decline was steeper for the training subjects, they were still above their baseline scores while control subjects fell below their pre-test scores 7-years earlier. Although maintenance did not differ between replicates for reasoning, subjects trained on spatial orientation in 1991 showed significantly more maintenance than did those trained in 1984. Results did not differ by gender, decline status, or age and were not effected by education. Additionally, engagement in social activities was found to be associated with maintenance of space training gains.

THE EFFICACY OF MEMORY TRAINING ON RETRIEVAL SKILLS AND METAMEMORY IN OLDER ADULTS

A. Pearman, Department of Psychology, Washington University, St. Louis, MO 63130-4899

Research has shown that memory performance in older adults can be modified by treatment. Most studies have specifically explored the influence of encoding strategies on older adults' memory performance. Few studies, however, have examined the effect of training on retrieval skills. The current study examined the efficacy of retrieval training on memory performance and the relationship between metamemory and retrieval. The design was an intervention treatment study with the independent variable as group assignment and the dependent variable as performance on 3 retrieval tasks. Forty-eight older adults, aged 60 to 89, participated in a 6-day memory training class that emphasized techniques designed to improve retrieval ability. The performance differences between the immediate-training group (n = 34) and a waitlist-control group (n = 14) on memory retrieval measures were investigated. Additionally, retrieval performance was compared to metamemory judgments. Although the results indicated no post-training differences between the groups on the dependent measures, there were some age-related effects on performance. In addition, the metamemory construct of anxiety was significantly correlated with one of the dependent measures. It appears that retrieval techniques are not helpful in improving objective memory performance in older adults. Examination the *combination* of encoding and retrieval strategies is a potential area for future research. Further exploration of the effect of anxiety on both subjective and objective memory is currently underway.

PATTERNS OF CHANGE IN MEMORY AMONG OLDER ADULTS IN AN EXERCISE TRIAL

R. M. Bertrand, M. E. Lachman, Department of Psychology, Brandeis University, Waltham, MA 02454

The purpose of this study was to examine the patterns and predictors of change in working memory as assessed by the WAIS Backward Digit Span. Participants included 207 older adults from Boston University's Roybal Center study, Strong-for-Life, a randomized controlled trial that examined the influence of home-based, resistance exercise on a sample of community-residing older adults with at least one disability. Three waves of data collected at baseline and three- and six-months into the intervention were examined via hierarchical linear modeling. There was significant variation in initial status on memory for both men and women in the experimental and control groups and significant variation in the linear rate of change in memory for women in the experimental group only. Disability level was a significant predictor of initial status for women in the experimental group while depression and age significantly predicted variation in initial status for men. Although intensity and frequency of exercise did not predict memory change, change in lower body strength and self-reported confusion were found to be significant predictors of heterogeneity in the rate and direction of change in working memory for women. Results are discussed in relation to other findings from exercise and memory research.

LIST-MAKING AND NOTE-TAKING STRATEGIES AS MEANS OF MEMORY SUPPORT FOR JAPANESE ELDERLY LIVING IN REHABILITATION FACILITIES.

S. Ide[1], G.J. McDougall[2], [1]Health Sciences University of Hokkaido, School of Nursing, 1757 Tobetsu, Hokkaido, Japan. [2]University of Texas at Austin, School of Nursing, Austin, TX 78701.

This secondary analysis of Japanese geriatric nursing facility residents (N = 117) had two aims: To determine which internal and external memory strategies were used, and to examine whether self-perceived health, depression, and cognition predicted the use of these strategies. The Mini-Mental State Exam, Metamemory in Adulthood-Strategy, Geriatric Depression (30-item), and Health Scale scales were used in face-to-face interviews. There were 32 Ms and 85 Fs; M age = 83.08 years, MMSE score M = 24. Depression was reported by 74% (M = 14.74, SD = 6.10) of the sample. Cognition (r = .28) was associated (p <.05) with total external strategy use, especially notes (r = .25) and lists (r = .26). Depression was significantly associated with notes (r = -.34). Cognition accounted for 4% of variance in use of lists, and 6% in use of notes. Depression accounted for 12% of variance in use of notes. No variable predicted the use of internal memory strategies. As depression and level of cognitive impairment increased, the reported use of the external memory strategies of note and list decreased. External memory strategies are beneficial if used by the elderly; however, in this sample the presence of both cognitive impairment and depression precluded this memory support.

COGNITIVE STATUS AND 10 YEAR INDIVIDUAL-LEVEL TRAJECTORIES OF FUNCTION AND ADL DISABILITY.

J.L. Purser, C.F. Pieper, G.G. Fillenbaum, Box 3003, Center for Aging, Duke Univ., Durham, NC 27710

Cross-sectional associations between cognition and function are often reported in the literature. Research also suggests that cognitive status is an independent predictor of incident ADL disability. The association between cognitive status and individual-level trajectories of function over time is less well-described. We used the Duke Established Populations for the Epidemiologic Studies of the Elderly (EPESE, n = 4,162) to study this relationship, using individual-level trajectories of function and disability over 10 years (outcome = Rosow-Breslau, Nagi, Katz; cognitive status based on Short Portable Mental Status Questionnaire). We evaluated 4 mixed models of the trajectories for each outcome: (1) random intercepts only, (2) fixed intercept, fixed time effect, and fixed time x SPMSQ interaction, (3) random intercepts, fixed time effect, and fixed time x SPMSQ interaction, and (4) random intercepts, random time effect, and random time x SPMSQ interaction. After adjusting for the average effects of baseline age, race, gender, education, comorbid disease, depression, smoking, marital status, and self-rated health, the random time x SPMSQ interaction was an important predictor of individual-level trajectories of function for all outcomes:

Outcome	β	SE	t	Pr > |t|
Rosow-Breslau	.010	.002	4.43	.0001
Nagi	.007	.004	1.98	.0480
Katz	.046	.003	13.37	.0001

We conclude that functional change over time within individuals depends on cognitive status.

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MEMORY AND COGNITIVE FUNCTIONING IN OLDEST-OLD TWINS: LONGITUDINAL DATA FROM THE SWEDISH OCTO TWIN STUDY

B. Johansson[1], S. M. Hofer[2], S. Berg[1], N.L. Pedersen[3], G.E. McClearn[2], [1]Inst. of Gerontology, Univ. College of Health Sciences, Jönköping, Sweden. [2]Center for Developmental & Health Genetics, Penn State Univ. University Park. [3]Dept. of Medical Epidemiology, Karolinska Institute, Stockholm, Sweden.

Previous cross-sectional research has demonstrated substantial heritability for cognitive functions in oldest-old twins. The heritability for memory is typically lower. The findings suggest differential genetic influences for various cognitive functions.

The present analyses address the question about the genetic contribution to continuity and change in various aspect of memory and cognitive functioning in late life.

In 1991-1994, three hundred fifty-one twin pairs (149 MZ and 202 like-sexed DZ twins) were examined in-person with a biobehavioral battery encompassing test of memory and cognitive abilities. The longitudinal design includes 4 follow-ups at 2 year intervals.

Initial level, rate of change, and predictors of change are estimated under several assumptions of participant dropout. Preliminary results suggest that heritability estimates remain stable across measurement occasions for high performing twin pairs. Intra-pair differences in decline trajectories suggest non-shared environmental influences associated with health related factors and diseases that affect memory and cognition.

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MEMORY PLASTICITY IN THE OLD AND OLDEST-OLD: DESCRIPTION AND PREDICTION

T. Singer, U. Lindenberger & P. B. Baltes, Max Planck Institute for Human Development, Lentzeallee 94, 14195 Berlin, Germany.

A testing-the-limits training program was conducted with survivors of the longitudinal Berlin Aging Study (BASE; N = 96, mean age = 84, age range 75-101) to examine the extent to which episodic memory exhibits plasticity in the later ages of life. Specifically, in eight sessions participants were instructed and trained in the Method of Loci, a mnemonic device for the encoding and retrieval of wordlists. For purposes of comparison, 20 young adults aged 20 to 30 years were also trained. It was found that for a majority of the participants memory plasticity with the Method of Loci is preserved even in very old age, although to a clearly limited degree. Very old adults had a reduced ability to optimize their performance after instruction, whereas young adults continued to improve their memory performance throughout adaptive training. Individual differences in cognitive plasticity in very old age were associated more strongly with measures of sensory and cognitive functioning than with socio-biographical factors. Furthermore, as the training progressed, the predictive power of measures of fluid intelligence increased, whereas that of measures of crystallized intelligence and of socio-biographical indicators decreased. In addition to concurrently measured predictors, individual differences in memory plasticity were also predictable by prior longitudinal change over 6.5 years in cognitive abilities and most importantly by change in perceptual speed.

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RESOURCE COMPETITION BETWEEN COGNITIVE AND SENSORIMOTOR FUNCTIONING IN OLD AGE: THE ROLE OF A COGNITIVE IMPAIRMENT (ALZHEIMER'S DISEASE)

M.A. Rapp, R.Th. Krampe, & P.B. Baltes, Max Planck Institute for Human Development, Lentzeallee 94, 14195 Berlin, Germany

Recent research has suggested a strong increase in the relationship between sensorimotor and cognitive functioning with age. One related finding is an age-related increase in the need for attentional resources in the performance of sensorimotor tasks with age has been shown by a number of studies. In the course of Alzheimer's disease (AD), sensorimotor functioning is impaired in a hierarchical pattern, with simple, more automatic behaviors spared relative to performance on tasks with greater processing demands. The purpose of this study was to investigate the effect of attention-demanding cognitive tasks on maintaining balance on a moving platform in healthy young and older participants, and individuals suffering from AD (N=36), using a dual task paradigm. The ability to maintain balance was measured using static and dynamic measures on a force platform. Results suggest an increased need for attentional resources in sensorimotor functioning with age and an involvement of attention in the course of sensorimotor impairment in AD.

Aging, Sensory Impairment & Cognitive Test Performance: Recent Results from the Health and Retirement Study. D.F. Alwin, L.A. Wray & R.J. McCammon. Institute for Social Research, University of Michigan, Ann Arbor, MI 48106-1248.

This paper investigates how declines in cognitive performance in older age are linked to declines in sensory function, particularly in vision and hearing. First, we consider whether sensory impairments mediate cognitive performance directly, with sensory decline diminishing performance on cognitive tests. Second, we consider whether age-related sensory and cognitive declines are linked to general developmental changes, both being spuriously due to age-related processes of neurological decline. We explore these issues using a nationally representative sample of adults aged 51-61, ages during which considerable vision and hearing impairment occur, and focus on three questions: (1) How is aging associated with sensory function and cognitive performance in middle-aged adults? (2) Can sensory impairment explain the link between aging and cognitive functioning? (3) To what extent do other factors, such as SES and comorbidity, account for the relationship between aging and cognitive performance? Using longitudinal data on immediate and delayed word recall tests from the 1992-96 HRS, we employ structural equation models of latent-growth processes. We find age-related declines in cognitive performance are small and are not explained by either trajectories of sensory decline or pre-existing differences among age groups. While declines in both cognitive and sensory functioning are clearly associated with aging, neither changes in vision or hearing impairment explain age-related differences in the rates of decline. Other factors--particularly education--are even more important than age, suggesting there is need for further research into sensory function and education as key mediators of the age-cognition link.

EEG CORRELATES OF AGE DIFFERENCES IN CONTINUOUS TASK PERFORMANCE

T.W. Pierce, S. Kelly, T. D. Watson, C. Minter, J.S. King, & K.H. Pribram, Center for Brain Research and the Department of Psychology, Radford University, Radford, VA 24142.

Twenty-five healthy younger adults and 26 healthy older adults performed a continuous performance task (Intermediate Auditory-Visual Continuous Performance Task) while EEG was obtained from a 128 electrode system. The task required subjects to respond to "1"s presented visually or auditorily and to do nothing in response to presentation of a "2". Five hundred trials were presented at two to three second intervals over 13 minutes. One minute records of baseline EEG were obtained before and after the task. EEG records were also obtained during the first, seventh, and twelfth minutes of the task. Results showed that reaction times of older adults were significantly slower than those of younger adults. However, older adults performed better than younger adults on two clinical measures of the degree to which performance remains consistent over the course of the task. No other age differences in performance were observed. EEG records showed that younger adults displayed significantly more low frequency and less high frequency activity than did older adults. Overall, the results suggest that older adults were required to allocate greater levels of processing resources in order to maintain levels of performance comparable to those of younger adults.

A PROSPECTIVE STUDY OF ALCOHOL AND COGNITIVE PERFORMANCE IN A COHORT OF JAPANESE AMERICAN OLDER ADULTS.

G.E. Bond, R. Burr, S.M. McCurry, A.B. Graves, E.B.Larson, University of Washington, Seattle, WA, and A.B. Graves, University of South Florida, Tampa, FL

This longitudinal analysis investigates the effects of moderate alcohol consumption on cognitive performance in a community dwelling cohort of Japanese-Americans living in King County, WA (Kame Project). A total of 1,416 cognitively intact persons age 65 or older who completed baseline and 2 and 4 year follow-up interviews were included in this analysis. Cognitive performance was measured using the Cognitive Abilities Screening Instrument (CASI). Multivariate analyses using the change score on CASI, controlling for baseline CASI and variables related to cognition showed significant effects for drinking, age, and gender. There was also a significant interaction between alcohol, age, and gender. Younger (≤ 76 years), light-moderate (≤ 1 drink per day) and heavy drinking (> 1 drink per day) men had significantly ($p < .05$) higher scores on CASI (m=94, n=172) than non-drinkers (m=92, n=180). In contrast, older women (≥ 76 years) who were in the light-moderately (≤ 1 drink per day) and heavy drinking (> 1 drink per day) categories had significantly higher ($p < .05$) CASI scores (m=95, n=32) than non-drinkers (m=90, n=278). Gender and age differences represent important variables that need to be considered when assessing the relationship between light to moderate drinking and cognitive performance in older adults.

SELECTIVE EFFECTS OF MODERATE STROKE ON COGNITIVE CHANGE

C. M. de Frias & R. A. Dixon, Dept. of Psychology, Univ. of Victoria, Victoria, BC V8W 3P5.

The Victoria Longitudinal Study (VLS) initially recruits normal healthy adults (ages 55 to 85 years). During the course of continuing 3-year assessments, a variety of manageable health-related events may affect cognitive performance. We selected several subsamples of VLS participants who reported having experienced a mild-to-moderate stroke within the previous two years: (a) a concurrent group (n=24), (b) a 3-year change group (n=13), and (c) 6-year change cases (n=4). All stroke participants were matched (age, gender, education) to VLS controls and compared on a cognitive battery. Selective condition effects were observed. For example, the concurrent stroke group performed similarly to their controls on semantic memory and simple word list memory but not on complex story recall. The latter deficit was due to failure to identify the narrative's main ideas. Stroke-related deficits in several aspects of working memory and verbal speed were also detected. Intraindividual and subtype analyses aid interpretation.

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A CROSS-CULTURAL STUDY OF POSITIVE AND NEGATIVE STEREOTYPES OF THE COMMUNICATION SKILLS OF OLDER ADULTS IN CANADA AND CHINA.

E. B. Ryan (Gerontological Studies and Psychiatry, McMaster University, Hamilton, ON L8S 4M4), A. P. Anas, & J. J. Luh

This cross-cultural study examined whether beliefs about the communication skills of older adults would be more positive among Chinese adults than among Canadians. Recent research suggests that traditional norms of filial piety and honoring elders may not currently be as strong in the East as once thought. Three groups of adults (averaging 39 years of age) participated: Chinese (N= 62), Chinese-Canadians (N=61), and Canadians (N=67). Respondents rated either a typical 25-year-old target or a typical 75-year-old target on a variety of communication skills. Target age biases were significant for three of the five factors examined. Young targets were viewed more favorably with regard to hearing/memory while old targets were rated higher in terms of benevolence and storytelling. No target effects were observed for social skills or complaining. Interactions between target and group showed the smallest target age effects on hearing/memory for the Chinese group and on storytelling for the Chinese-Canadian group. Thus, evidence of both negative and positive bias toward older adults was obtained for all three cultural groups, with some unsystematic variation. Direct assessment of filial piety norms showed high levels for all groups with evidence of stronger norms amongst the Chinese. These data highlight the universality of pro-young and pro-old expectations as well as filial piety norms concerning care for aging parents.

SPEECH DYSFLUENCIES IN THE OLDEST OLD.

A. Woggerman, J. Searl, Communication Disorders Dept., & S. Fulks, Gerontology Program, Bowling Green State University, Bowling Green, OH 43403

Fluency refers to the smoothness with which sounds, syllables or words are joined together during speech. Dysfluency is a breakdown in this smoothness. Current knowledge of dysfluency is limited principally to children and young adults. The purpose of the study was to describe the types/frequencies of dysfluencies in individuals >95 years of age. Ten speakers (95-101 years old) were videotaped during an interview with a young adult. A 300-syllable sample from the mid-portion of the interview was analyzed for type and frequency of dysfluency. Pauses, interjections, and word revisions (i.e., inter-word dysfluencies) accounted for ~65% of dysfluent events. Sound, syllable and word repetitions accounted for the remaining 35%. Dysfluencies occurred for ~9% of syllables per speaker. Our speakers produced ~12% more inter-word dysfluencies and a comparable percentage of repetitions than young adults and children reported in the literature. The overall frequency of occurrence of dysfluent events is slightly higher than that reported for younger speakers. This study provides clinicians with an initial description of the fluency features of the oldest old. It provides a basis for setting clinical expectations on the communication behaviors of this population which can help guide diagnostic and therapeutic efforts.

EFFECTS OF TRAINING VOLUNTEER CONVERSATION PARTNERS OF NURSING HOME RESIDENTS WITH APHASIA

E. M. Hickey, L. B. Olswang, University of Washington, Seattle, WA 98105, M.S. Bourgeois, Florida State University, Tallahassee, FL 32306-1200

The purpose of this study was to examine the effects of training student volunteers to use multi-modality communication with nursing home residents with aphasia. Four undergraduate communication disorders majors with no experience with aphasia conversed with two nursing home residents with moderate-severe nonfluent aphasia. A multiple baseline across subjects and communication partners design was employed to examine changes in communication in 10-minute conversations. Results revealed that the training was effective in increasing the students' use of multi-modality communication, with a corresponding increase in the residents' proportion of comprehensible utterances. Furthermore, sequential analyses revealed that the residents' comprehensible utterances were more likely to follow students' multi-modality than speech only utterances. Finally, satisfaction data revealed that the students were more satisfied with the conversations after training, and that the residents were pleased with the opportunity for increased social interaction.

SENIOR ROMANCE: A CONTENT ANALYSIS OF PERSONAL ADVERTISEMENTS PLACED BY OLDER ADULTS

M.N. Hatala, H. Siegele, J. Mialkowski, Division of Social Science, Truman State University, Kirksville, MO 63501

Although personal advertisements are increasingly popular in the senior dating community, psychological research on personal advertisements has concentrated almost exclusively on younger adults. The purpose of this study was to examine the content of personal advertisements placed by men and women over age fifty-five. One hundred forty-eight personal advertisements from the Washington [D.C.] City Paper and the Chicago Sun-Times were analyzed for content in terms of what the placers of the ads disclosed about themselves and what they were seeking in others. Forty variables of interest were analyzed. Results supported the hypothesis that men focus on the physical characteristics of their prospective partners, while women focus on personality characteristics. Men were more likely to seek physical attractiveness ($p < .012$) and an attractive physique ($p < .001$) than women. Men were also more likely to state an explicit ethnic preference ($p < .001$). Women were more likely to seek a partner with a good sense of humor ($p < .017$) and mention that they are active ($p < .05$). Complementing the men's requests, women were also more likely to describe their attractiveness ($p < .001$) and physique ($p < .013$). Unexpectedly, older men were more likely to describe themselves as caring ($p < .004$) and romantic ($p < .036$) than older women. Thus, although some aspects of the dating script remain the same, other aspects change in an older population.

EFFECTS OF HORMONE REPLACEMENT THERAPY (HRT) ON VOICE CHARACTERISTICS OF AGING WOMEN

V.A. Hinton, D.M. Bloom, C. H. Atkins
Department of Communication Sciences and Disorders, University of North Carolina-Greensboro, Greensboro, NC 27412

Advancing age results in physiological and anatomical changes to the muscle, bone, connective tissue and glandular structure of the larynx. The onset of the acoustical sequella to these physical changes are often more abrupt in women than men. The sudden changes in the acoustic characteristics are generally associated with the hormonal changes that occur with the onset of menopause. Although the effects of aging on the voice were once thought to be inevitable, one recent study has shown that HRT may minimize some these effects. The purpose of the present study is to provide more detailed information regarding the differences in vocal measures for post-menopausal women who take HRT vs. those who do not. Subjects were divided into HRT, no-HRT and premenopausal groups. All subjects completed a health and lifestyle questionnaire and a hearing screening. Voice measurements included fundamental frequency (F_0), F_0 range, frequency perturbation, maximum phonation time and vital capacity. Analysis of variance was used to describe the differences between groups. The data indicate that the women who are on HRT have vocal measures that are similar to the premenopausal women. Women who are not on HRT exhibit more consistent effects of vocal aging. It would appear that the use of HRT can maintain vocal adequacy over the lifespan.

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SHARED INTEREST CLUBS AS INTERVENTION FOR LONELINESS: PRELIMINARY RESULTS ON TOPIC PREFERENCES.

Aleksandra Parpura-Gill and Jiska Cohen-Mansfield (Research Institute of Hebrew Home of Greater Washington, and George Washingron University, 6121 Montrose Rd, Rockville, MD 20852).

Approximately 40% of elderly persons suffer from loneliness. Loneliness has been strongly linked to depression, ill health, and shortened survival. Social support has been found to be related to physical and mental health and to successful aging. The impact of loneliness and insufficient social support is especially dramatic in low income elderly. This project is focused on low income elderly in congregate housing and explores possibilities and processes in establishing self-help groups based on shared interest in topic or activity. Eighty residents (mean age 72.51) from two senior housing comlexes were interviewed to assess their preferences in topics, feelings of loneliness, social skills and other barriers to socialization. Based on the current criteria, preliminary results suggest that 57.5% of elderly in senior housing suffer from loneliness which is a somewhat higher proportion of loneliness than in the general elderly population. Among various topics, listening to music was of the most interest for the largest proportion of elderly persons (65%), and was followed by activities that require an outing from the housing complex (going tot he theater, concerts, museums, movies, etc.) (approximately 50% of persons).

EFFECTS OF EMOTION ORIENTED CARE ON PROFESSIONAL CAREGIVERS IN HOMES FOR THE ELDERLY

E. van Rossum, V.J.J. Schrijnemaekers, M.J.J.M. Candel, C.M.A. Frederiks, M.M.A. Derix, P.A. van den Brandt
Maastricht University, Departments of Epidemiology / Methodology & Statistics / Psychiatry & Neuropsychology
PO-box 616, 6200 MD, Maastricht, The Netherlands

A randomized controlled trial (RCT) was conducted on the effects of emotion oriented care, an approach used in the care for cognitively and behaviorally impaired elderly persons. This approach is mainly based on the validation approach, but uses also insights from other approaches like reminiscence and sensory stimulation.

16 Homes for the aged with structured day care units were randomly allocated to an intervention group or control group. 293 Professional caregivers were included in the study. The 8 intervention homes received successively two clinical lessons, a six day training in emotion oriented care for 8 caregivers and three supervision-meetings. The intervention was spread over a period of about 8 months. In the 8 control homes usual care was continued. Measurements were performed at baseline and after 3, 6 and 12 months. The primary outcome measure was the change in job satisfaction (e.g. satisfaction with quality of care, contact with colleagues and patients and opportunities for self-actualization) of the caregivers. Secondary outcomes are, among others, burnout, sick-leave and opinion about work conditions.

Results of multilevel analyses showed partly statistically significant effects in favor of the intervention group. Effects occurred in some domains of job satisfaction and burnout.

It seems that emotion oriented care may contribute to work related factors of professional caregivers. Implications for practice and future research will be discussed.

EFFECTS OF EMOTION ORIENTED CARE ON ELDERLY PEOPLE WITH COGNITIVE IMPAIRMENT AND BEHAVIORAL PROBLEMS

V.J.J. Schrijnemaekers, E. van Rossum, M.J.J.M. Candel, C.M.A. Frederiks, M.M.A. Derix, P.A. van den Brandt
Maastricht University, Departments of Epidemiology, Methodology & Statistics, Psychiatry & Neuropsychology
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16 Homes for the aged with structured day care units were randomly allocated to an intervention or control group. 151 Residents with cognitive impairment and behavioral problems were included in the study. The 8 intervention homes received successively two clinical lessons, a six day training in emotion oriented care for 8 caregivers and three supervision-meetings. The intervention was spread over a period of about 8 months. In the 8 control homes usual care was continued. Measurements were performed at baseline and after 3, 6 and 12 months (assessment by caregivers and relatives). The primary outcome measure was the change in behavior of the residents (e.g. non social, apathetic, rebellious, restless, dependent and anxious behavior).

Results of multilevel analyses showed no statistically significant, nor clinically relevant effects in favor of the intervention group on the behavioral outcome measures.

Our results are not in line with the presumed beneficial effects of emotion oriented care. Possible explanations for this discrepancy and directions for future research will be discussed.

HOW EFFECTIVE ARE PSYCHOTHERAPEUTIC AND OTHER PSYCHOSOCIAL INTERVENTIONS WITH OLDER ADULTS? A META-ANALYSIS

M. Pinquart, Developmental Psychology, Univ. of Jena, 07433 Jena, Germany; S. Sörensen, Family and Human Development, Utah State Univ., Logan, UT 84322-2905

Meta-analysis was used to synthesize the effects of 122 psychosocial and psychotherapeutic intervention studies with older adults (median age $\geq$ 55 years). Cognitive-behavioral therapy had above-average effects on depression and other self-ratings of subjective well-being (SWB). Control-enhancing interventions had above-average effects on non-depression SWB measures. Activity promotion and cognitive training were least effective in improving SWB. Individual interventions were more effective than interventions in groups, as were interventions with depressed compared to interventions with non-depressed seniors. A combination of therapists' high general qualification and specialized training in working with older adults was associated with an above-average effect size. Effects of interventions on depression were weaker for older than younger individuals; nevertheless improvements in depression of about one quarter standard deviation were also statistically significant in the oldest group (median age > 76 years). There was no age-associated decline in intervention effects on other measures of SWB (e.g., life-satisfaction, morale). Implications for future research and working with older adults are discussed.

OUR AGING COMMUNITIES: A SERIES OF REGIONAL FORUMS

C. Mehrotra, The College of St. Scholastica, Duluth, MN 55811

Given the limited opportunities available to older adults and service providers to address the basic question regarding purpose and meaning in later life, and their need for social interaction and supportive relationships with others, we designed, offered, and evaluated a series of day-long forums. Each forum focused on a different topic related to the central theme of what it means to grow old in different cultures. The topics include: (a) Purpose, Meaning, and Well-being in Later Life, (b) The Hindu Conception of Aging: Life as a Spiritual Journey; (c) Native American Perspective on Aging; (b) Meaning of Life in Old Age for Mexican Americans; and (e) Multigenerational African American Families. National experts facilitated region-wide discussions on each of these topics. The program attracted a good mix of participants from different parts of northeastern Minnesota and received highly favorable ratings. The proposed session will highlight the unique features of the program and its intended outcomes, describe participant characteristics, and present evaluation findings.

THE EFFECT OF COMMUNITY CONTEXT ON KOREAN AMERICAN ELDERLY LIVING ARRANGEMENTS

Jibum Kim, Department of Sociology, The University of Chicago, IL 60637

Previous studies on the living arrangements of the Korean American elderly have focused on the cultural tradition or individual characteristics, without addressing community-level structural factors. Since most of the Korean American elderly lack proficiency in English and have low income levels, I hypothesize that the proportion living independently is associated with the availability of public elderly housing proximal to the Koran ethnic community. Using the 1990 Census Public Use Microdata Sample, I first compare the living arrangements of the Korean American elderly aged 60 and over in California (CA), Illinois (IL), and New York (NY). While about 36% of the Korean American elderly in CA and IL live independently, 16.8% of the Korean American elderly in NY live independently. After adjusting for age, sex, education, income, and English proficiency, the Korean American elderly in NY are less likely to live independently, compared to CA or IL. To understand this geographic variation, I use Korean business directories and public housing lists for the elderly for Chicago and New York City (NYC). The overlapping of the Korean ethnic community and subsidized housing availability is associated with the different levels of residential autonomy for the Korean American elderly in Chicago and NYC. This association suggests the importance of the community context in understanding living arrangements of the immigrant elderly.

WHAT AFRICAN AMERICANS WANT AND WHEN THEY WANT IT: WISHES AND REALITIES CONCERNING LONG-TERM CARE

L Groger, Department of Sociology, Gerontology & Anthropology, Miami University, Oxford, OH 45056, P.S. Mayberry, Gerontology Institute, Ithaca College, & J.K. Straker, Scripps Gerontology Center, Miami U., Oxford, Ohio.

This presentation compares the findings from qualitative interviews with 60 African American elders and their caregivers in three care settings. We identify the strengths and weaknesses of each of these three models of care; we present respondents' views of each; and we describe the strategies respondents used or said they would use in the event of increasing frailty. Elders who relied exclusively on kincare wanted to be sure not to demand too much. Elders who received in-home services were affected by the tenuousness of such services; and nursing home residents felt they were in the right setting. Elders in all three settings were determined to maintain a delicate balance between admitting their need for help and not asking for too much. Our findings suggest that attitudes toward settings that provide higher levels of care are not static but evolve as elders' need for care increases beyond of what kin can provide.

NEEDS OF AFFLUENT OLDER ADULTS:SOCIAL INTERACTION, HOUSING AND TRANSPORTATION

S.B. Eve, R. Lusky, C. Harding, & S.B. Prentice, Department of Applied Gerontology, University of North Texas, Denton, TX 76203-0919; J. Glass, P. Ruggiere, Survey Research Center, University of North Texas, Denton, TX, 76203; M. Callerman, United Way of Metropolitan Tarrant County - Northeast, 813 Brown Trail, Ste. 7, Bedford, TX 76022.

Political economists stress the importance of the socioeconomic circumstances of older adults for planning appropriate, population-based social services. In 1997, United Way of Metropolitan Tarrant County - Northeast undertook an assessment of the needs of older adults who live in the county's relatively affluent northeast sector. A random telephone survey of 300 adults, 60+, was conducted by the Survey Research Center at UNT. Respondents were non-Hispanic Anglos, with higher than average incomes and education. 80% reported that their health was good or better. They were socially active in religious institutions, with family and friends, and with volunteer activities. Less than 5 % report receiving any social services in the past year, because they do not need these services. For all their social networks, 1/3 said they were sometimes or often lonely and 37 % reported knowing an older person who was sometimes or often depressed. Half reported that lack of public transportation and traffic congestion were major problems in their neighborhoods. 14% reported that transportation was a problem, especially getting to medical appointments and grocery shopping. While most owned their own homes and were satisfied with them, 1/4 said their homes were in need of repairs. Half need assistance to remain in their home in future, including especially help with home maintenance, cleaning and yardwork, as well as home health care, transportation and home delivered meals.

REMINISCENCE IN A NURSING HOME: ONE MORE TIME WITH FEELING

S. Sohnle, L. Hyer, D. Mehan, Department of Psychiatry, University of Medicine and Dentistry of New Jersey, 100 Metroplex Dr., Edison, NJ 08817

Reminiscence applied to a nursing home population still generates support, even in the in the managed care environment of 2000. This study attempted a renewed version of this classic therapy with a group of older nursing home residents. Reminiscence in the form of Positive Core Memories (PCM) was applied to one group of residents while another received standard care. The PCM group received 12 sessions of PCMs based on structured stimuli. These memories were intended to be representative of the person and reflective of a core narrative. Five to eight core memories were developed through a careful 7-stage reinforcing/deconstructing model. This resulted in a Core Learning Sheet (based on the PCMs) for each person. These were consolidated and generalized to the current life of each resident.

Residents receiving this intervention showed improved self-image and decreased levels of depression and anxiety as compared to controls. While some residents had mild dementia, cognitive decline did not appear to influence outcome. Discussion endorses this form of therapy for mildly impaired residents.

PSYCHOTHERAPY WITH OLDER PEOPLE: CBT VERSUS THE ALLIANCE

L. Hyer, S. Sohnle, N. Nielson

Department of Psychiatry, University of Medicine and Dentistry of New Jersey, 100 Metroplex Dr., Edison, NJ 08817

Cognitive Behavioral Therapy (CBT) has been a staple of the psychotherapies for older people, especially for depression and anxiety. Recent data from younger therapy samples especially have indicated that the key components of CBT (e.g., importance of cognition) may be lessened with older groups. Additionally, the importance of the alliance has resurfaced in these samples. That is, the importance of the collaborative relationship has been restated.

This study surveyed over 100 adults older and younger, who received CBT modules including the focus on mood and activity ratings, the importance of thinking in psychopathology, mastery activities, individualized coping techniques, relaxation training. Also involved was a careful emphasis on the alliance, the goals, bond and tasks of therapy. Each rated/ranked the components of the therapy, CBT and alliance components. Results show that the alliance was equally important to both groups, but had special value for the older people. Discussion addressed the issue of cognitive mediation in standard CBT in older groups.

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MOBILITY DEVICE USE IN COMMUNITY-DWELLING OLDER ADULTS: EXPLORING THE DECISION-MAKING PROCESS

A.E. Copolillo, Department of Occupational Therapy, Virginia Commonwealth University, PO Box 980008, Richmond, VA 23298-0008.

Understanding the personal meaning of mobility device use and factors influencing use is critical for rehabilitation practitioners to assist older adult clients to incorporate mobility devices into their lives. Research that describes these factors is limited. This study examined the process of deciding to use mobility devices for elderly with current and potential needs. Qualitative methods, including focus groups and narrative interviews, were used to examine the lives of nine community-living elderly persons with disabilities. The participants were encouraged to discuss the meaning and value they placed on mobility device use and the impact the devices had on daily events. Data were analyzed using grounded theory methods. Four themes emerged to describe the process of deciding to use a mobility device: interpreting cues, accepting use, integrating use, and planning for the future. The importance of assisting with this process by recognizing the activity and environment-specificity of use and the discontinuation of use as the ultimate objective of mobility device users is discussed.

TRANSPORT AND AGEING: THE VIEWS AND PERCEPTIONS OF OLDER PEOPLE IN THE WEST OF SCOTLAND TOWARDS BUS TRAVEL

J. Gow, N. Webster, M. Gilhooly, K. Hamilton, M. O'Neill, Centre of Gerontology and Health Studies, University of Paisley, Paisley PA1 2BE, Scotland, U.K.

Mobility is known to be associated with quality of life in old age and, with activity patterns widening, may increasingly involve transportation. Although the aim of UK government policy is to encourage people to use public transport, in an individualised society car-drivers may be reluctant to give up the convenience of private transport as they age whereas other older people may have little or no choice. This project being carried out at the Universities of Paisley and East London, as part of the ESRC 'Growing Older' programme, aims to examine the links between transport needs and quality of life, and to compare the views of older people with those of policy makers and transport providers. In developmental stages of the study in Paisley, bus travel emerged as a key theme. A number of participants in focus groups interpreted questions about changing concerns with age in terms of their perceptions of the worsening behaviour of others and a reduced provision of bus services (although easier access designs and the introduction of a taxi-bus in one area were welcomed). Some car-drivers, on the other hand, reported little knowledge of bus routes, and street surveys confirmed a link between bus use and lower social class. The findings raise questions about the extent to which policy-makers are willing and able to meet the expressed needs of many older people for accessible public transport.

ATTITUDINAL BARRIERS TO USE OF COMMUNITY RESOURCES.

R. Wacker and C. Gosselink. College of Health and Human Sciences, Univ. of Northern Colo.

Although predisposing, enabling and need factors are most often used to predict the awareness and use of community resources by older adults, few studies have investigated attitudinal barriers of community resource awareness and utilization. As part of a county-wide needs assessment of older adults, this paper presents preliminary data regarding a set of questions designed to measure attitudinal relucance to use community resources. We investigated the reliability of 10 questions used to measure attitudinal reluctance and the factors related to attitudinal reluctance. Finally, we examined the extent to which attitudinal reluctance was related to awareness and use of community resources. Data were collected from a countywide random sample of older adults (n=360). Results indicated that five questions measuring attitudinal reluctance - not wanting to talk about personal matters, feeling embarrassed, families should take care of problems, personal troubles should be resolved within the family, and not wanting to be dependent on others had a reliability of .83. The results of a pearson correlation revealed that attitudinal reluctance was related to age (-.18, p =.00), income (.21, p =.00), awareness of social services (.19, p =.002) and awareness of health services (.17, p =.002). There was no relationship between attitudinal reluctance and use of services. Implications of these exploratory findings for research and practice will be discussed.

EFFECTS OF PARTICIPATION IN A COMMUNITY WELLNESS PROGRAM ON HEALTH & HEALTH CARE UTILIZATION AMONG ADULTS 62 AND OLDER.

L. Payne, E. Orsega- Smith, G. Godbey
Kent State University, School of Exercise, Leisure and Sport, Kent, OH 44242

Optimizing health in later life is important to maintain independence, prevent or delay the onset of chronic illness and disease, and contain rising health care costs. Physical activity participation has been positively linked with improved physical and psychological health. The purpose of this study was to examine differences in selected measures of health and health care utilization between current members and drop-outs of a community based wellness program for adults ages 62 and older. The current investigation came from a larger study that served as a comprehensive program process and outcome evaluation. Respondents (members = 285, non-members = 80)

completed a questionnaire that assessed level of program participation, health status, perceptions of daily stress and coping, physical self-efficacy, health care utilization, health history, and demographics. Results indicated a significant difference in stress perception (p<.05). Drop-outs (21.4%) were significantly more likely to report being stressed "somewhat more than average" than active members (8.7%). Regarding self-efficacy, members had significantly higher self-presentation confidence (x = 50.9) than drop-outs (x = 45.9). Furthermore, members reported significantly less visits (p<.0001) to a physician (x= 2.7) than drop-outs (x= 4.7) and near significantly fewer nights spent in a hospital (p<.06). It would appear than participation in this recreation based activity program would be associated with fewer visits to the hospital and physician, lower stress, and higher perceptions of self-efficacy.

PREDISPOSITIONS VS. NEEDS: RESULTS FROM A FOUR-YEAR PROSPECTIVE STUDY OF THREE TYPES OF SERVICE USE BY OLDER PEOPLE.

A. Edwards, R. Cherry, M. Kablach, A. Kajmakoski, L. Paz. Gerontology Center, Purdue University Calumet, Hammond IN 46323.

Although most analyses of service use by older people are cross-sectional, this research uses data gathered over a four-year span to analyze the behavioral model of predisposing, enabling and need variables. After controlling for needs, resources and service use at Time 1, we examine hypotheses that: 1) perceived barriers to service use and beliefs about family responsibility will affect service use, and 2) predictors will vary significantly by whether services are discretionary, non-discretionary health, or non-discretionary monetary. A random community sample of 427 people aged 60+ was surveyed by mail questionnaire. Results from logistic regression analyses indicate that service use at Time 1 was significantly important in predicting overall use of services four years later. Perceived monetary needs and being younger predicted SSI and food stamp use. Older respondents with health needs and service *mis*conceptions predicted non-discretionary in-home health service use. The results generally support the contention that need variables are most effective at predicting future service use.

COMMUNITY SERVICE OUTCOMES FOR PEOPLE WITH DEMENTIA

D.A. Haynie[1], L. Friss Feinberg[2], S.H. Zarit[1]. [1]Gerontology Center, Penn State University, University Park, PA 16802. [2]Family Caregiver Alliance, San Francisco, CA 94104.

A major challenge in providing community services for people with dementia is to determine what types of services enable people to remain home longer, while relieving strain on their family caregivers. The Family Caregiver Alliance (FCA) is a nonprofit service and advocacy agency that oversees 11 Caregiver Resource Centers (CRCs) in California. The CRCs provide information, assessment, family consultation, respite care and other support services to families and caregivers of cognitively impaired adults. Each CRC conducts an initial assessment to identify problems and areas of need as well as reassessments at 6-month intervals. To evaluate these programs, data on 2348 family pairs at initial assessment and 757 pairs with two waves of data were analyzed. Five outcomes were assessed: 1) functional and behavioral problems, 2) depression, 3) service utilization, 4) institutionalization, and 5) caregiver's perception of role (knowledge, skills and competency). A significant increase in mastery of the caregiver role along with a significant decrease in the number of reported behavioral problems was found from Time 1 to Time 2. A decrease in depressive symptoms was noted, and service utilization and institutional patterns were examined.

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SOCIAL SUPPORT AND CAREGIVER DEPRESSION: A REPLICATION ANALYSIS

B. Miller, A.Townsend, E. Carpenter, R.V.J. Montgomery, D. Stull, R.F.Young. Mandel School of Applied Social Sciences, Case Western Reserve University, Cleveland OH 44106-7164

Prior studies have conceptualized and operationalized social support in different ways, making it difficult to determine if the inconsistencies in findings are due to differences in study design, samples, conceptualization, or measurement. The present study examines the replicability of models of social support (i.e., informal instrumental, informal emotional, and formal support) and depression across four community-based caregiving studies to determine areas of consistency in findings across the data sets. Three hypotheses specifying patterns of relationship between social support and depression were analyzed separately within data sets using hierarchical OLS regression with results compared across data sets. The replication analysis confirmed the robustness of behavior problems and caregiver health as important contributors to caregiver depression. Results of hypotheses examining the pattern of relationship between social support and depression were inconsistent, but lower informal emotional support was associated with higher levels of depression in two data sets. Strengths and limitations of replication strategies are discussed. This research is supported by NIA R01AG15091.

DOES RECENT WIDOWHOOD AFFECT HEALTH OUTCOMES AMONG OLDER PEOPLE?

J.K. Kim, E.M. Crimmins, Andrus Gerontology Center, University of Southern California, LA, CA 90089-0191.

Numerous studies indicate that widowhood contributes to a decline in health and an increase in mortality. Largely due to stress from marital dissolution and a decrease in social support, the widowed are likely to have worse health than the married. Since time affords people the opportunity to adapt to their situation, those who survive should not be as affected as people experiencing a recent change. Therefore, the recently widowed are more likely to experience more negative health change than the long-term widowed.

Using longitudinal data from the Asset and Health Dynamics Among the Oldest Old (AHEAD), this study

compared health status of the married, the long-term widowed and the recently widowed to examine the effect of widowhood and the recency of widowhood on health outcomes among those aged 70 and over. Among 6,680 people, about 17.1% of men and 57.4% of women were widowed at baseline (1993). Among men, 78.5% were continuously married while 3.9% recently widowed and 17.5% long-term widowed. About 34.9%, 4.8%, and 60.3% of women were the continuously married, recently widowed and long-term widowed, respectively. Regression results showed that being widowed was associated with more ADL and IADL difficulties and higher probability of having several diseases or conditions. Also, the recently widowed were more likely to have worse health than the married and the remotely widowed. The study findings suggest that being widowed in older age increases health risks, and the recency of widowhood is an important factor in health changes.

EFFECTS OF FORMAL AND INFORMAL SOCIAL SUPPORT ON ADHERENCE TO TRADITIONAL THERAPEUTIC REGIMENS AND METABOLIC CONTROL IN TYPE 2 DIABETICS: A RACE/ETHNICITY-SPECIFIC ANALYSIS

R. P. Penza & K.R. Smith, Department of Family and Consumer Studies, University of Utah, Salt Lake City, UT 84112.

This study examined race/ethnicity-specific effects of formal and informal social support on adherence and metabolic control among type 2 diabetics, using task specific theory and Andersen's behavioral model of health service utilization. The sample was selected from the Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994. It included non-Hispanic Whites (n=508), non-Hispanic Blacks (n=277) and Mexican Americans (n=346). Respondents were 45 years and older and have been diagnosed with diabetes mellitus. Being Non-Hispanic Black compared to non-Hispanic White had detrimental effects on adherence and metabolic control. Being Mexican American compared to non-Hispanic White had beneficial effects on adherence. Formal social support was positively associated with adherence in non-Hispanic Whites but not in the other two groups. Informal social support was positively associated with adherence components in all three groups, and had detrimental effects on metabolic control in Mexican Americans. The interaction of formal and informal social support was positively associated with adherence to physical exercise and had beneficial effects on metabolic control in Mexican Americans. This research provides insight into public policy targeted at preventing diabetes complications in middle-aged and older adults with type 2 diabetes.

PHYSICAL ACTIVITY EFFECTS ON SOCIAL SUPPORT: GENERALIZED OR SPECIFIC?

E. McAuley, D. Marquez, G. Jerome, B. Blissmer, Department of Kinesiology, University of Illinois, Urbana, IL 61801

The present study was designed to examine how differential modes of physical activity influence specific and general measures of social support. In the context of a 6-month randomized controlled trial, 174 older adults (M age = 65 yrs) were assigned to either an aerobic walking condition (AE) or a stretching-toning condition(ST). Measures of general and exercise-specific social support were assessed prior to and at the conclusion of the exercise trial. Mixed model MANOVAs revealed a significant time and exercise group interaction, as well as a significant main effect for time. Both groups showed significant increases in guidance, social integration, attachment, alliance, worth, and nurturance over the six month period. The interaction was explained by participants in the ST group demonstrating greater improvements in worth than the AE group and the AE group have greater increases in alliance than the ST group. If social support is to be considered an important component of adherence to activity regimens, strategies need to be developed to maximize in support in the exercise rather than general context. Funded by National Institute on Aging (AG#12113)

NEGATIVE REACTIONS TO HUSBANDS' SUPPORT AND SELF-EFFICACY IN OSTEOARTHRITIS

S.L. Williams, M.A.P. Stephens, J.A. Druley, L.M Martire, Department of Psychology, Kent State University, Kent, OH 44242 and W.C. Wojno, the Crystal Arthritis Center, Akron, OH 44333.

Osteoarthritis (OA) is a chronic condition that can cause considerable disability and pain. Because of the chronic nature of the condition, physicians recommend that patients perform self-care behaviors (e.g. exercise, relaxation) to help manage the disease. However, patients must feel efficacious in their abilities to carry out the suggested behaviors. In addition, emotional support from others can reduce these efficacy beliefs and self-care. The present study examined relationships between negative reactions to support from husbands (i.e. feelings of rejection), self-efficacy in managing arthritis, and self-care behaviors of 101 female OA patients. It was predicted that feelings of rejection would be associated with lower self-efficacy and less self-care behaviors, and that self-efficacy would mediate the relationship between rejection and self-care. As predicted, patients reporting feelings of rejection had lower self-efficacy, and these self-efficacy beliefs mediated the relationship between feelings of rejection and self-care behaviors concurrently and six months later.

PSYCHOSOCIAL CONSTRAINTS TO OLDER ADULTS' RECOVERY FROM KNEE REPLACEMENT SURGERY

M.A.P. Stephens, Department of Psychology, Kent State University, Kent, OH 44242; A. J. Zautra, Arizona State University; J. A. Druley, Cleveland State University.

Osteoarthritis of the knee (KOA) is a common cause of disability for older adults and can restrict such basic actions as walking and using stairs. Total knee replacement (TKR) surgery is a popular treatment for KOA, but surgery outcomes can vary. This study examined psychosocial constraints in the early postsurgery period (problematic support and maladaptive coping) as predictors of variability in the physical and psychosocial well-being of 72 TKR patients later in recovery. Patients who had more problematic support (conflict) from the social network early in recovery and who used more maladaptive coping (avoidance) were expected to show fewer gains in physical and psychosocial functioning later in recovery. Patients completed questionnaires and had clinical knee ratings one month before and six months after TKR. As predicted, regression analyses revealed that problematic support and/or maladaptive coping were related to less improvement in pain, functional limitations, disability, clinical knee ratings, positive affect and social participation six months following surgery.

THE ROLE OF SOCIAL SUPPORT IN SELF HELP GROUP PARTICIPATION AMONG OLDER ADULTS WITH A CHRONIC ILLNESS

Andrew V. Wister, Melanie L. Wong, Gerontology Research Centre, Simon Fraser University, Vancouver B.C. V8W 2Y2

The purpose of this study is to examine the role of social support in self help group participation among older adults with a chronic illness. Bandura's (1977) Social Learning Theory is used to provide a theoretical rationale for a relationship between social support and self care behaviors. Self-efficacy is viewed as a mediating factor between social support and self help group participation. Of particular interest is the examination of two potential mechanisms that are hypothesized to influence self-efficacy: knowledge and perceived stress. It was hypothesized that greater levels of social support lead to a greater likelihood of participating in a self help group. It was also predicted that social support influences self-efficacy, knowledge, and perceived stress which, in turn, impact self help group participation.

Data came from Wave I (1995) of the Vancouver North Shore Self Care Study (n=879). Participation in a self help group was regressed on demographic factors, socioeconomic factors, illness context, social support, knowledge, perceived stress, and self efficacy. Results from the logistic regression indicated a positive relationship between social support and self help group participation. Knowledge and self-efficacy were also found to be significant predictors of self help group participation as were age, education, and number of doctor's visits. However, findings indicate modest support for the Social Learning Theory applied to self-help group involvement. Only partial support was found for self-efficacy as a mediating factor between social support and self help group participation. Furthermore, it is suggested that social support does not substitute for self care behaviors. Instead, social support seems to facilitate self care practices such as self help group participation. Implications are that receiving outside help and knowledge of the health condition are important for self help group participation.

PREDICTORS OF PERCEIVED OVERPROTECTION FROM FAMILY AND FRIENDS AMONG VISUALLY IMPAIRED ELDERS.

V. Cimarolli, A. Horowitz, & J.P. Reinhardt, Arlene R. Gordon Research Institute of Lighthouse International, 111 E. 59th Street, New York, NY 10022-1202.

Vision loss is a chronic disabling condition that affects about 7.3 million Americans who are 65 years and older (Lighthouse Inc., 1995). Since vision impairment is often associated with falls and injuries (Tideiskaar, 1997), overprotection from family and friends might be especially likely among visually impaired elders. This study reports on predictors of perceived overprotection specifically examining the impact of six social support variables (instrumental, affective, and negative support from family and friends, respectively) on the occurrence of overprotection in a sample of 182 recently visually impaired elders drawn from a large-scale longitudinal study. A 3-step hierarchical multiple regression was performed (demographic variables, functional disability/health, and the six social support variables) to investigate which social support factors lead to overprotection. Results show that functional disability, negative support from family, and negative support from friends are significant predictors of perceived overprotection. Since overprotection in clinical literature has been described as having a negative impact on the use of rehabilitative strategies and life quality for impaired elders, this study adds to the empirical understanding of overprotection and has implications for working with visually impaired elders and their significant others.

SOCIAL SUPPORT AND CHANGES IN FUNCTIONAL ABILITY: The San Luis Valley Health and Aging Study (SLVHAS).

Lucinda L. Bryant, S.M. Shetterly, J. Baxter, R.F. Hamman, Dept of Preventive Medicine & Biometrics, Univ of Colorado School of Medicine, Denver CO 80262.

Functional disability represents a gap between capability and demands. Useful interventions require identification of factors that increase capability or reduce demand. We tested the hypothesis that availability and receipt of social support retard decline in functional ability, measured as the change in reported disability (need for assistance with ADL and IADL tasks) over 22 months. The study sample comprised 1,001 older community-dwelling non-Hispanic white and Hispanic SLVHAS participants who completed a follow-up visit. Respondents' mean age was 72.6 years; 54.9% were Hispanic and 58.2% female. At baseline 24.9% reported disability; at follow-up, 37.5%. Linear regression estimated the effects of baseline social support and activities on disability, adjusted for demographic factors, disease, mobility, cognition, and baseline disability.

Older age and more diseases predicted increasing disability. Among social factors, only participation in out-of-home activities predicted stable or improving status. Neither network size nor frequency of visits or phone calls had any significant effect. Receipt of instrumental support (with shopping, transportation, or chores) strongly predicted functional decline.

The positive effect of social activities, a form of network contact, suggests that promoting such activities could slow the disablement process. The negative influence of instrumental social support may indicate that family and friends identify precursors to disability and initiate assistance before the loss of function. Better understanding of both precursors and timing could facilitate the appropriate initiation of interventions.

SOCIAL ISOLATION AND MORTALITY: GENDER DIFFERENCES IN LONELINESS AND LIVING ALONE.

P.A. Bath Sheffield Institute for Studies on Ageing (SISA), University of Sheffield, Community Sciences Centre, Northern General Hospital, Sheffield S5 7AU UK.

Social isolation is associated with increased mortality among older people. Although people living alone and people experiencing loneliness both show increased mortality, the relative effects on mortality remain unclear, and merit further study, given the association between loneliness and living alone. The aim of this study was to determine which aspects of social isolation are important in predicting mortality in separate groups of old (aged 65-74) and very old (aged 75+) men and women. Relationships between loneliness and living alone and 13-year mortality were tested using Cox regression models and data from the Nottingham Longitudinal Study of Activity and Ageing. Loneliness and living alone were associated in all four groups ($p<0.001$). In unadjusted models, there was increased mortality among both old men and very old women who reported being lonely sometimes/often and among people who were living alone. When both variables were included only loneliness significantly increased mortality in old men (Hazard Ratio (HR)=1.74) and living alone in very old women (HR=1.35). In adjusted models, depression accounted for this relationship among men, and social engagement accounted for this relationship among women. These results suggest gender and age/cohort differences in the relationship between social isolation and mortality. Social engagement is confirmed as an important predictor of mortality among older people.

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Factors related to changes in social support among Japanese elderly

H. Kim, H. Sugisawa, Y. Sugihara, T. Fukaya, E. Kobayashi, H. Shibata Tokyo Metropolitan Institute of Gerontology, 35-2 Sakae-cho, Itabashi-ku, Tokyo 173-0015, Japan, J. Liang, University of Michigan

This study examined factors related to changes in social support among Japanese elderly. We analyzed longitudinal data from a national representative sample of persons aged 60+ (n=1,671) collected at two time points (1987, 1990). Outcomes were two measures of emotional and instrumental support, and we measured both support received and support provided by respondents. Age, sex, socio-economic status, physical disability, and social network indicators (existence of spouse, children, and close friends) at baseline were predictors. Using logistic regression, we modeled correlates of both increases and decreases in social support over time. We found: 1) Existence of a spouse or close friend was positively correlated with increases and decreases in both support received and support provided; 2) Existence of children had little impact on either an increase or a decrease in social support over time; 3) Factors related to changes in social support varied by the directions of support (received or provided) and the types of support (emotional or instrumental). The surprising result that found children inconsequential to changes in social support might be explained by the relative *stability* of children' support over time regardless of elders' needs, while that of spouses was more *adaptive* to the changing needs of elders. We would like to thank to Gavin Hougham for his helpful comments.

THE RELATIONSHIP BETWEEN SOCIAL NETWORK STRUCTURE AND MORALE IN A NATIONAL PROBABILITY SAMPLE OF JEWISH ADULTS AGED 60 AND OVER IN ISRAEL

H. Litwin, Paul Baerwald School of Social Work, Hebrew University, Mount Scopus 91905-IL, Jerusalem, Israel.

Cluster analysis applied to data from a national survey of older adults conducted in 1997 by the Israeli Central Bureau of Statistics uncovered five different prototypical social network structures among the Jewish sub-sample (n=2079). Findings reveal that all of the social network types in this population share a familial base, but reflect differential degrees of contact with adult children, friends and neighbors. Respondents embedded in diverse-tie or friendship based networks were found to have the highest morale scores, while those in exclusively family based or restricted networks had the lowest. These trends held for both men and women, although the morale scores for women were generally lower. Both social network type and morale score were found to be related, at the bivariate level, to respondents' age, income, education, and health status. Nevertheless, multivariate stepwise regression underscored that some of the network types retained an independent relationship with morale, even when taking into account the effect of background and health factors.

THE NETBOARD PSYCHOMETRIC PROPERTIES OF A NEW MEASUREMENT TOOL FOR SUPPORT NETWORKS

M. Gilhooly, A. Wales, E. McDonach and J. Curzio Centre of Gerontology and Health Studies, University of Paisley, Paisley, PA1 2BE, Scotland.

The NetBoard was designed as an affective measurement tool for assessing the support networks of elderly people. It consists of a fuzzy felt-board with concentric circles on which are placed Velcro-backed icons representing people likely to provide practical and emotional support. The aim of this study was to examine the acceptability, reliability and, to a limited extent, the validity of the NetBoard, and a computerized version, the NetScreen. Acceptability and reliability were examined using three groups of subjects: (1) older adults, (2) children, and (3) people with mental disorders. Construct validity was examined using a sub-sample of older adults. Test-retest reliability was assessed via interviews in which subjects were asked to use the NetBoard and NetScreen to describe their support networks with a two week gap in between interviews. As expected, the NetBoard was more popular amongst older subjects than the NetScreen. Test-retest reliability coefficients were sufficiently high to conclude that the NetBoard and the NetScreen are reliable. Although construct validity could only be examined on a small sub-sample, the findings indicated that both the NetBoard and the NetScreen are likely to prove to be valid measures of support networks.

Development of new comparable measures of negative and positive social exchanges

[1]J.T. Newsom, [1]D. Morgan, [1]M. Nishishiba, [2]K.S. Rook
[1]Institute on Aging , Portland State University, P.O. Box 751
URBN, Portland, OR 97207 [2]Department of Psychology and
Social Behavior, University of California-Irvine

Negative social interactions with family and friends have detrimental effects on the well-being of older adults. Several authors have hypothesized that negative social exchanges are even more powerful in their effects than the well-known benefits of positive supportive exchanges. A major methodological impediment to testing this hypothesis fairly, however, is that existing measures of social support and negative interactions are neither comparable in their content nor their measurement reliability. This presentation reports on several years of the development of new measures whose comparability will allow for a more stringent test of the relative importance and roles of negative and positive social exchanges for the mental health of older adults. Both qualitative and quantitative methods were used in developing the measures. Item wording and construct domains of positive and negative social exchanges were developed using focus groups and concept mapping. Confirmatory factor analyses on a survey of 274 older adults were then used to test the comparability of the factor structure and reliability and of the new measures. The resulting measures consist of two 20-item, 5-factor measures that assess a broad range of concepts related to traditional social support and negative social interactions. Confirmatory factor analyses indicated an excellent fit to the data with strong standardized factor loadings (ranging from .75 to .93) with highly comparable reliability for both measures. Findings also demonstrate convergent validity with established social support measures and predictive validity with affect and depression measures. The new measures are comparable in reliability and content, making it possible for accurate comparisons of the effects of negative and positive social exchanges on the health and psychological well-being of older adults.

AGE DIFFERENCES IN PERCEPTIONS OF CONTROL AND WORRY IN CLOSE, PROBLEMATIC, AND AMBIVALENT RELATIONSHIPS

E. L. Hay, K.L. Fingerman, & K. S. Birditt,
Department of Human Development and Family
Studies, 110 South Henderson, Pennsylvania State
University, University Park, PA 16802

This study examined perceived control, type of relationship, and relationship quality in the social networks of 187 individuals ages 13 to 99. Each participant discussed 3 to 6 relationships (n = 927). Relationships were classified as positive, negative, or ambivalent. Each individual completed a generalized measure of control (Levenson, 1973) and rated their control over the quality of the relationship and how much they worry that the relationship will end. Both generalized and relationship specific assessments of control were correlated with relationship quality, however the correlations were larger for relationship specific measures, and differed among positive, negative, and ambivalent relationships. Individuals of all ages felt the most control over the quality of positive relationships, followed by ambivalent and then negative relationships. Individuals worried most about ambivalent relationships and least about positive and negative relationships. Age differences in reports of control and worry reflected different patterns in positive, negative, and ambivalent relationships.

STABILITY AND CHANGE IN THE STRUCTURE AND FUNCTION OF OLDER WOMEN'S SOCIAL NETWORKS

J. A. Margrett, S. L. Willis, The Pennsylvania State University,
105 Henderson South, University Park, PA 16803.

The current study investigated the stability of older women's self-reported social network structure and function over a three year period, and whether stability differed with age. The sample was comprised of 238 women who were categorized into two age groups: young-old women (YO: N = 141; mean = 68.79 years; SD = 3.50; range 60 -74 years) and old-old women (OO: N = 97; mean = 79.16; SD = 3.54; range 75 - 93 years). Using Kahn and Antonucci's (1980) social support diagram, women identified social network members in three circles. The only significant difference was that young-old women identified more network members in the second circle (YO: mean = 7.14; OO: mean 4.34) at time one. There was considerable stability in circle 1 regarding the relationship of the first and second network members to the participant (e.g., spouse). Overall, stability of person one was 85% (YO: 88%; OO: 81%). Women identified a spouse (20%) and a child (45%) as the first person in circle one at both time points. The overall stability of the second person in circle one was also high (80%), although there was more variation between the two age groups (YO: 87%; OO: 70%). The majority of women listed a child (55%) as the second person in circle one at both time points. Change in the four dimensions of functional social support (i.e., emotional, resource, reciprocal, negative) did not reveal age differences except with regard to negative social support; old-old women reported significantly less negative support ($p < .02$) at time two. For the majority of women (61-68%) perception of functional support did not reliably change (i.e., +/- 1 SEM) over the three years. Discussion will focus on prediction of stability and change in structural and functional support.

Structural Change in Later Life Support Networks: the importance of formal support providers.

A.Wales, M. Gilhooly, Centre of Gerontology &
Health Studies, University of Paisley, Scotland.
J. Curzio, Glasgow Caledonian University, Scotland

Longitudinal affective network research has identified predictable networks (or circles) of support which surround us throughout our life course (Kahn and Antonucci). After adulthood, the inner circles of our networks are largely stable structures, comprising of important support providers; family and close friends. Conversely, outer circles are 'filled' with those on whom we depend less for support - neighbours, work colleagues and acquaintances – and are unstable, changing as we move through our lives.

As part of a broader study examining the role of the Community Nurse in carer support, this qualitative study used an adapted affective technique (affective plus named role relation characters), to examine the support networks of 47 older carers in the community. Whilst family did still dominate the majority of older peoples' support networks, formal characters (community nurse, home help etc) outnumbered friends and neighbours more than 3 times in this small sample. Furthermore, many formal characters appeared in the inner 'stable' circles of older people network pictures. ¼ of the community dwelling older carers also named professionals as their confidants. Results suggest that in later life where networks may have atrophied and contact with family and friends diminished, the structure of support convoys may alter significantly, with formal characters increasingly becoming important others.

STABILITY AND CHANGE IN THE SOCIAL SUPPORT OF OLDER CAREGIVING WOMEN

J. Hong & M. M. Seltzer, Waisman Center, University of Wisconsin-Madison, 1500 Highland Ave. Madison, WI 53705

In this study, we examined the extent to which there was change versus stability over 4 ½ years in the membership and characteristics of social support networks of older women who provide care to a son or daughter with mental retardation (n=258). Further, we compared the young-old (60-69) women in the sample to the old-old women (70 and older) in terms of their social support network characteristics. The results showed that in general the average network size of older women remained stable over time. However, there was substantial movement of individual network members in and out of these women's support networks, especially for old-old women. There were some differences in the composition of support network between young-old and old-old women. Young-old women's networks included a higher proportion of immediate family, whereas the majority of old-old women's networks consisted of friends and more distant relatives. For both age groups, friends constituted the highest percentage of new members of the networks. These results suggest that social support is a dynamic resource that changes throughout the life course, even among women with non-normative lifelong caregiving responsibilities.

SOCIAL SUPPORT AND JOB SATISFACTION OF MIDDLE-AGED COUPLES

Jinah Lee & H.S. Lee
Dept. of Home Economics Education, Chung-Ang University, 221 Heugsuk-dong Dongjak-ku, Seoul, Korea 156-756

The purpose of this study was to investigate the relationships between social support and job satisfaction in middle-aged husbands and wives. Data were gathered from 235 employed husbands and wives in their 40s and 50s. They were living with their children. The mean age of husbands and wives was 45.7 and 44.4 years. No significant mean differences were found between middle-aged husbands and wives for marital support, support from colleagues and job satisfaction. Multiple regression analysis showed that social support had positive effects on job satisfaction. For husbands, job satisfaction was related to marital support and support at work. Support at work had greater effects on job satisfaction than marital support. Middle-aged husbands reported higher levels of job satisfaction when they had more support from their spouse and colleagues. However, only marital support factor significantly contributed to wives' job satisfaction. Middle-aged wives who reported more support from their spouse were more likely to experience higher levels of job satisfaction.

INFORMAL SUPPORT NETWORKS AMONG THE OLDEST OLD IN RURAL OKLAHOMA

J. L. Knapp, Department of Sociology and Gerontology, Southeastern Oklahoma State University, Durant, OK 74701-0609

Between 1960-1990, the number of individuals 85 years of age and older in the U.S. increased 232%. Despite the phenomenal growth, the literature focusing on the oldest old, particularly in rural areas, has been very limited. Using personal interviews (N=50), the present study examined the breadth and depth of informal support networks among non-institutionalized oldest old individuals in Atoka County, Oklahoma. The results indicate that most of the respondents had at least one primary contact, typically a daughter or son, upon whom he/she could call for assistance. Significantly fewer of the respndents had multiple contacts within his/her informal support network. The majority of respondents had daily, face-to-face interaction with his/her primary contact and relied on the person for assistance with transportation, shopping, and housekeeping. Discussion will focus on the need to expand the formal support network for the oldest old in rural areas while recognizing the valuable contributions of the informal support network.

THINKING COMMUNALLY: COPING IN A CONTINUING CARE RETIREMENT COMMUNITY

A. R. Lawrence & A. R. Schiller, University of Michigan School of Social Work, 1080 S. University Ave., Ann Arbor, MI 48109

Moving to a nursing home can be a traumatic experience for older adults because of its association with loneliness, abandonment, and anticipated health and financial problems. This paper applies a communal coping framework to show that, in fact, residing in a long-term care community is associated with numerous opportunities for collective identification and cooperative action to address the chronic stressors of aging. Communal coping – a process that entails the identification of a stressor as "our" issue and "our" responsibility -- has traditionally been examined in the context of large-scale natural disasters/wars or in the context of family systems. This study examines communal coping behavior among 11 elderly residents of a continuing care retirement community (CCRC). Using grounded theory and semi-structured interviews, the authors found that respondents engaged in mutually beneficial and supportive behavior towards their peers around issues of safety, disability, and health. The communal coping theoretical framework is discussed in light of reciprocal assistance between roommates, the "buddy system" among neighbors, and the expression of solidarity in aging through "we" talk. Aging stressors often viewed as "individual" in nature (such as discomfort with impending dependency) can instead be both viewed and addressed in the context of a collectively shared experience. Further research is needed to determine how the structure of a CCRC might facilitate or hinder communal coping efforts among residents.

THE SOCIAL WORLDS OF OLDER MEN WHO LIVE ALONE: A QUALITATIVE STUDY

K. Davidson, Centre for Research on Ageing and Gender, Department of Sociology, University of Surrey, GUILDFORD, GU2 7XH, UK

Over recent years there have been substantial advances in social scientific understanding of the lives of older women, but older men have been largely neglected. Even less is known about the quality of life, kin and friendship relationships of older men who live alone. The majority of older men live with a spouse but demographic trends reveal that an increasing number will experience solo living. Research has shown how marriage may exert a protective effect for men, since the primary source of social networking is through their wife. Older men face distinct challenges in maintaining their health, social inclusion and sense of well being if they have no partners. This paper reports on a qualitative study of older widowers in the UK. Questions were asked about their altered circumstances and present social worlds. The analysis reveals that although older men experience a contraction of the wider support systems with increasing age and length of widowhood, they are more likely than widows to seek out an exclusive, cross-gender relationship to ameliorate the emotional gap left by their deceased spouse. Older men who establish such relationships frequently take on the social networks of the new partner, but those who are unwilling, or unable to form new relationships, experience a greater degree of isolation. The paper discusses the implications for service provision in identifying the social needs of this group of older men.

THE ROLE OF NEIGHBOR SUPPORT FOR AGING IN PLACE.

M. Teaford & S. Zavotka. The Ohio State University. Columbus. OH 43210

One predictor of well-being among older adults is interaction with neighbors (Chapman & Beaudet, 1983). This can be a two-way exchange. Long time residents provide residential stability and support for newer neighbors (Ehrlich, Ehrlich, & Woehlke, 1982); they are also able to age in place with support from others nearby. Neighbors can provide instrumental support by picking up the mail, lending food or tools, running errands, or checking during illness or bad weather. In addition, some neighbors may also be friends with whom one visits and who provide emotional support. Older residents who have such support are more likely to want to stay in their homes as long as possible.

A pilot study of 21 long time residents (age 56-89) living in an older neighborhood found that almost 75% wanted to stay in their homes. Many cited their neighbors as one of the reasons they liked living there. Over sixty per cent reported that they and their neighbors picked up mail and checked on each other; 42% reported lending or borrowing food or tools and 38% reported that neighbors ran errands for each other. About half (46.2%) reported that they had neighbors who were friends and half that they visited in neighbors' homes at least occasionally. Older residents who wanted to stay were more likely to provide or receive assistance to and from their neighbors.

Further research is needed to identify patterns of assistance and impact upon residential mobility.

Social exchanges among older adults in Brazil. Marilia P. Ramos. Department of Human Sciences, Santa Cruz do Sul University, Santa Cruz do Sul, Brasil. Janet M. Wilmoth, Department of Sociology and Anthropology, Purdue University, 1365 Stone Hall, West Lafayette, IN 47907.

The main goal of this research is to describe social exchanges among older adults in Brazil. Data come from a longitudinal random sample of non-institutionalzed people aged 60 years and older living in 10 counties located in the central part of Grande do Sul State, Brazil. The baseline data (N-871), collected in 1995, was followed-up (N=551) in 1999. For this analysis, descriptive statistics are presented regarding the character of social exchanges among this population. Attention is given to the type of exchange (i.e. financial, emotional, instrumental) as well as the exchange balance (i.e. assistance given minus assistance received). Then multivariate models are estimated that examine exchanges, taking into account demographic, socioeconomic, and health characteristics. The effect of selection out of the sample is also considered. The results indicate that the majority of exchanges occur between older adults and members of their families. Exchanges with friends are relatively uncommon. Over half of the sample participates in social exchanges with relatives. Among exchanges with relatives, emotional and instrumental exchanges are more common than financial exchanges. Individuals involved in exchanges are older, widowed, and living with others. They also tend to have lower levels of depression. Among those who exchange with relatives, the majority do not report balanced exchanges.

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EMERGING TRENDS IN PERSONALITY AND AGING RESEARCH.

K. Hooker, Dept. of Human Development & Family Sciences, Oregon State University, Corvallis, OR 97331 and P. Duberstein, Dept. of Psychiatry, University of Rochester Medical Center, 300 Crittenden Blvd., Rochester, NY 14642.

PARTICIPANTS:

K. Hooker (OSU, Corvallis, OR) A Rapprochement between Idiographic and Nomothetic Perspectives: Linking Personality Processes and Structures.

D. Mroczek (Dept. of Psychology, Fordham, Bronx, NY 10458) Intra-individual Approaches to Personality Stability and Change among Older Adults.

M. Diehl, (Dept. of Psychology, U. of Florida, Gainesville, FL 32611) A Theoretical Discussion of the Multiple Levels of Personality.

S. Whitbourne, (Dept. of Psychology, U. of Massachusetts, Amherst, MA 01003) Self and Goals in Later Life: Contrasting Perspectives.

P. Duberstein (U. of Rochester Medical Ctr., Rochester, NY 14642) Context Effects in Research on Personality in Older Adults.
DISCUSSANT:
P. Costa (Laboratory of Personality & Cognition, National Institute on Aging, 5600 Nathan Shock Drive, Box 03, Bethesda, MD 21224)

Recent research in personality and aging suggests the utility of a comprehensive theoretical framework, which includes the five-factor model, along with personal goals, life stories, and more process-oriented constructs. Objectives of this symposium include: 1) Articulation of these models; 2) Discussion of stability and change issues; 3) Increased awareness of contextual influences on personality; and 4) Presentation of research involving methods that can account for intraindividual changes.

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SOCIAL NETWORKS, SOCIAL SUPPORT AND FAMILY LIFE IN OLD AGE: CROSS-CULTURAL PERSPECTIVES

C. Phillipson, Centre for Social Gerontology, Keele University, England and C. Rosenthal, Gerontological Studies, McMaster University, Ontario, Canada
PARTICIPANTS:

P. Dykstra, (Netherlands Interdisciplinary Demographic Institute, The Hague, The Netherlands) 'Partner History and Social Embeddedness in Later Life'

C. J. Rosenthal, (Gerontological Studies, McMaster University, Ontario, Canada) A. Martin-Matthews and K. Kobayashi, (School of Social Work and Family Studies, University of British Columbia, Vancouver, Canada), S. H. Matthews, (Department of Sociology, Cleveland State University, Cleveland, Ohio, USA) 'Diversity in Family Structure: What are the Consequences for Older Parents?'

A. Lowenstein, (Centre for Research and Study of Aging, Faculty of Social Welfare and Health Studies, University of Haifa, Israel) 'Social Networks, Social Support and Family Life of the Elderly - The Case of Israel'

G. C. Wenger, F. Thissen, T. Scharf and V. Burholt, (CSPRD, Institute for Medical and Social Care Research, University of Wales, Bangor, Gwynedd, U.K.) 'Older People's Integration in Personal Relationships: Perspectives from Rural Europe'

C. Phillipson, J. Phillips, M. Bernard and J. Ogg, (Centre for Social Gerontology, University of Keele, Keele, Staffs, England) 'Social Support in Later Life: Family and Friendship in Three Urban Areas'

Research over the past 10 years has identified important changes to the social and family networks of older people. Family relationships continue to be significant in the provision of support, but there is much diversity within and between countries. Some of the key factors include: rural-urban differences; variations in family structures; socioeconomic differences; the impact of migration; and changing attitudes towards the giving and receiving of care. This symposium will review these dimensions in a variety of national contexts. Future research agendas for the development of comparative studies will be explored along with implications for social policy.

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DEVELOPMENTAL REGULATION IN OLDER ADULTS: OPTIMIZING CONTROL AND MAINTAINING IDENTITY

S. K. Whitbourne, Department of Psychology, University of Massachusetts, Amherst, MA 01002, and J. Heckhausen, Max-Planck-Institute for Human Development, Lentzeallee 94, D-14195 Berlin, Germany.
PARTICIPANTS:

K. J. Collins (University of Massachusetts, Amherst, MA 01002) The Use of Identity Processes in Response to Specific Changes and Overall Sense of Self in Older Adults.

J. G. Chipperfield & R. P. Perry (Health, Leisure & Human Performance Research Institute & Department ofPsychology, University of Manitoba, Winnipeg, Manitoba, R3T 2N2 CANADA) Primary and Secondary Control Strategies in Later Life.

K. M. Skultety, J. R. Sneed, & S. K. Whitbourne (University of Massachusetts, Amherst, MA 01002) Gender Differences in the Components of Identity Balance in Middle and Later Adulthood.

K. S. Rook, D. H. Sorkin (Department of Psychology & Social Behavior, University of California, Irvine, CA), J. Newsom, D. Morgan, & M. Nishishiba (Institute on Aging, Portland State University, Portland, OR) Optimizing Social Relationships: The Role of Control-Related Beliefs and Strategies.

DISCUSSANT:
J. Heckhausen (Max-Planck-Institute for Human Development, Lentzeallee 94, D-14195 Berlin, Germany)

The area of personality in adulthood and old age has moved from issues of stability vs. change to an understanding of processes of self-control, regulation, and identity. The present symposium provides a forum for researchers working within the perspectives of control and identity processes to discuss contrasting approaches to these current formulations. Data from recent investigations within these perspectives will be presented in terms of how these findings inform contemporary views of self and motivation in later life.

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AGE-RELATED MACULAR DEGENERATION SELF-SUFFICIENCY AND GOOD NUTRITION

C.A. Holcomb. Department of Human Nutrition. Kansas State University. Manhattan. KS 66506-1407
PARTICIPANTS

C.A. Holcomb & D. Goble (Kansas State University) Epidemiology of age-related macular degeneration

S.Boger (Kansas State University) Association of antioxidant nutrients with age-related macular degeneration

G. Crews (Department of Nutrition, Food Science, and Hospitality, South Dakota State University, Brookings, SD 57007) Food-related concerns and self-sufficiency in persons with age-related macular degeneration

DISCUSSANTS:

M. Crews (South Dakota State University)

L. Norris-Baker (Department of Architecture, Kansas State University, Manhattan, KS 66506)

Age-related macular degeneration (AMD) is an irreversible disease of the retina leading to the loss of central vision in approximately 25% of the U.S. population aged 65 and older. Visual impairments contribute to the loss of self-sufficiency and reduce the quality of life for older adults. Projected increases in longevity and growth of the 85 and older age group make it imperative that factors be identified for the prevention and retardation of AMD. Nutrients with antioxidation properties and foods rich in antioxidants have been the focus of recent research. Maintaining life-long food practices and a healthy diet are difficult for persons with low vision. The likelihood of malnutrition is increased when these behaviors cannot be continued. The symposium presentations will review the role of nutritional factors in the etiology of AMD and, in turn, the impact of central vision loss on the risk for poor nutrition in older adults.

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MEN AS CAREGIVERS

B. J. Kramer. University of Wisconsin-Madison, School of Social Work, 1350 University Ave., Madison, WI 53706, & E. H. Thompson, Dept. of Sociology and Anthropology, Holy Cross, Worcester, MA 01610-3709.

PARTICIPANTS:

T. L. Patterson, K. A. Adler, & I. Grant. (University of California, San Diego, LaJolla, CA 92093 and San Diego VA Medical Center) The Physiology of the Male Caregiver.

E. L. Essex, M. M. Seltzer, & M. W. Krauss, (Jane Addams College of Social Work, University of Illinois at Chicago, Chicago, IL 60607, Waisman Center, University of WI-Madison, & Brandeis University) Fathers of Caregivers for Adult Children with Mental Retardation.

S. H. Matthews (Sociology, Cleveland State University, Cleveland, OH 44115) An Explanation for Brothers' Poor Representation in the Caregiving Literature.

D. Ciambrone & S. M. Allen (Center for Gerontology and Health Care Research, Brown University, Providence, RI 02912) Men as Caregivers to the Chronically Ill: The Case of Cancer.

DISCUSSANT:

J. I. Kosberg (School of Social Work, University of Alabama, AL 35487).

Although males make substantial contributions to family life and growing numbers of men are adopting caregiving roles, the vast body of the caregiving literature has focused on female caregivers. There is mounting evidence that male caregiving has the potential to have significant effects on physical and psychological health. As such, additional attention to the unique contributions, strains, experiences, and needs of men as caregivers and how these may vary from caregiving women is warranted. The goal of this symposium is to describe the physical and psychological health risks of male caregiving, and the unique contributions of divergent groups of male caregivers. The first paper examines the physiological risks of male caregiving. Gender differences in prevalence and mortality rates of caregivers for many leading causes of death are presented, and the potential causal mechanisms underlying gender related discrepancies are discussed. The second paper reports the results from a longitudinal study examining the role of fathers in providing care to adult children with mental retardation. Factors predicting variation in fathers' caregiving role, changes in roles during and after family transitions, gender variations in stressors and psychological well-being, and the buffering effects of resources are highlighted. The third paper examines the ways in which the presence of female siblings may influence the care that brothers provide to parents and the contributions that they are perceived to make. The last paper explores the nature of assistance that husbands provide to wives with cancer, their perception of caregiver burden, and their motivation to care.

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OPTIMISM AS A RESOURCE IN INTER-GENERATIONAL FAMILY CAREGIVING

M.M. Seltzer, University of Wisconsin-Madison, 1500 Highland Avenue, Madison, WI 53705

PARTICIPANTS:

R.J. Chou (UW-Madison 53705). Optimism and its Role in the Context of Caregiving.

L. Li, M.M. Seltzer, J. Greenberg, & R.J. Chou (UW-Madison, Madison, WI 53705). Variations in the Effects of Optimism on Daughter Caregivers' Mental Health.

J. Greenberg, M.M. Seltzer, R. Chou, J. Hong, & M.W Krauss (UW-Madison, Madison, WI 53705). The Effect of Quality of the Relationship between Aging Parents and Adults with Disabilities on Parental Well-Being: The Mediating Role of Optimism.

M.M. Seltzer, J. Greenberg, J. Hong, F. Floyd (UW-Madison, Madison, WI 53705). Flexible Goal Adjustment as a Coping Mechanism for Midlife Parents of Children with Disabilities

DISCUSSANTS:

L. Pearlin (University of Maryland, Department of Sociology, College Park, MD 20742)

C.D. Ryff (UW-Madison, Institute on Aging and Psychology Department, Madison, WI 53706)

There is growing interest in the heterogeneity of the caregiving experience, and particularly in the mechanisms that account for positive mental health among some family caregivers. This symposium will examine how dispositional optimism contributes to this heterogeneity. Following a conceptual overview, papers based on three NIH-funded studies of intergenerational caregiving will be presented. One paper presents a study of midlife daughters who provide care to their aged parent who has either a physical impairment or a cognitive impairment (primarily Alzheimer's disease). In the second paper, the caregivers are midlife and aging parents who have a son or daughter with either schizophrenia, Down syndrome, or autism. In the third paper, the caregivers are midlife parents of children with either developmental disabilities or severe mental health problems. In all three of these studies, the mediating and moderating effects of optimism on caregiver mental health are investigated. Results indicate that optimism influences caregiver mental health in specific circumstances, largely reflective of the type of disability or impairment of the care recipient. Discussants will interpret the findings in the context of theories of the stress process, life course development, and resiliency and positive well-being in midlife and old age.

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PAST AS PROLOGUE: UNEARTHING GERONTOLOGY'S FAMILY HEIRLOOMS

S. R. Kunkel, Scripps Gerontology Center, Miami University, Oxford, OH 45056

PARTICIPANTS:

J. Hendricks (University Honors College, Oregon State University, Corvallis, OR 97331)
Aging–Fact and Fancy: The Question of Recognition

D. Gold (Duke University Medical Center, Department of Psychiatry and Sociology, Durham, NC 27710)
Past, Present, and Future: Changing Age Norms Across the Life Course.

D. Dannefer (Warner Graduate School, University of Rochester, Rochester, NY 14627)
Age Stratification and Structural Embededness

P. Liebig (Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089)
The Treasures of Public Policy in Aging

DISCUSSANTS:

A. Achenbaum (College of Arts and Letters, University of Houston, Houston, TX)

K. Ferraro (Department of Sociology, Purdue University, West Lafayette, IN 47907)

In a speech in 1960 celebrating the signing of the Social Security Act, John F. Kennedy said: "This is why we have gathered here–not merely to pay tribute, but to refreshen our spirits and stir our hearts for the tasks which lie ahead. We celebrate the past to awaken the future." While the occasion is somewhat less momentous, our aspirations are no more modest. The session is designed to illuminate the future of social gerontology by considering some "gems" from our history. The essays, articles, and ideas that will be discussed are essential but sometimes implicit underpinnings of our current visions of the field. The session will provide an opportunity to thoughtfully reflect on the meaning and impact of these important works. Members of the panel will discuss essential early articles, elegant ideas, and important heuristic concepts that provided the foundation for, and gave shape to, the development of our field. Donald Kent's 1965 challenge to paradigmatic myopia and a discussion of the rhetoric of gerontology will open the session. We will consider the contributions of works on age norms, life course and identity; age stratification and the embededness of age in our social structure; and the evolution of paradigms guiding public policy analysis. Panelists will also discuss how far we have or have not come from those early visions of our field.

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A COOPERATIVE INITIATIVE TO DISSEMINATE MENTAL HEALTH AND AGING INFORMATION USING WEB AND PRINT STRATEGIES

C. Norris-Baker, D. Altus, Kansas State University, Manhattan, KS 66506.
M. Carman, Prairie View, Inc., Newton, KS 67114.
N. Trout, Johnson County Mental Health Center, Olathe, KS 66061.

In states such as Kansas, where rural areas are filled with a high proportion of elders who may have limited access to services, the need for information on mental health and aging is acute. A cooperative initiative among a mental health advocacy group, university researchers and the state of Kansas addressed this problem through a project to develop, disseminate and evaluate the effectiveness of a mental health guidebook and web site. The 96-page guidebook, written for a paraprofessional and consumer audience, contained basic mental health and aging information. Guidebooks were distributed to community mental health centers, area agencies on aging, long-term care facilities, healthcare providers, county extension offices, academic institutions and advocacy groups. As part of this distribution, 1610 service providers received surveys asking them to evaluate the impact of this guidebook. Aspects of the project to be presented include: (1) strategies used to develop the cooperative initiative; (2) demand for guidebooks by user group and region; (3) use of printed vs. web-based material; and (4) perceptions of guidebook efficacy.

WHAT TRIGGERS A DEMENTIA EVALUATION? APPLYING THE HEALTH BELIEF MODEL

C A Podgorski, University of Rochester Alzheimer's Disease Center at Monroe Community Hospital, Rochester, NY 14620

Surveys were distributed to family members who accompanied patients to their visit for an initial dementia evaluation at a university-based Alzheimer's Disease Center clinic during the first four months of 1999 (N=53). Assuming that perceived susceptibility and seriousness are based on awareness of AD, 38% of family members were "very familiar," 44% were "somewhat familiar," and 10% were not at all familiar with AD. Respondents perceived that 18% of patients were "very familiar," 20% were "somewhat familiar," and 46% were "not at all familiar" with AD. 62% indicated that their loved one probably had AD, 8% thought they did not, and 23% didn't know. 41% called within one year of the first symptom, but this interval ranged from <6 months to > 9 years. Of the 54% who indicated that their physician suggested the evaluation, 86% of these considered this the most important factor in prompting the call; 25% of appointments were triggered by events. 56% of family members had never discussed AD with the patient before symptoms developed, but 62% did discuss it after the diagnosis. Reasons why appointments were not scheduled sooner included: physician did not suggest it (38%); perceived that symptoms could have another cause (31%); didn't know who to call (28%); there was no reason to call sooner (26%); and desire to keep life as normal as possible for as long as possible (23%). Findings suggest the need for greater awareness of AD and benefits of early diagnosis, and the need for greater education of primary care providers who remain the most influential catalyst in the diagnostic process.

ALZHEIMER'S CARERS' PROGRAM

E.G. Fine, F. Marker, R. Goodman, J. Schmeidler, J. Mejais, E. Figueroa, D. Marin
Depart. of Psychiatry, Mount Sinai Medical Center, Box 1230, 1 Gustave Levy Place, NY, NY 10029

Introduction: Many Alzheimer's caregivers experience distress in their caregiving role. In order to enhance both caregivers and patients well being, we provide an intensive seven-week program, for Alzheimer's disease patients and their caregivers. The program is based on the work of Brodaty et al (1989).

Methods: The program provides caregivers with the latest information on Alzheimer's disease and related disorders (ADRD), stress management, support and respite. Concurrently, the ADRD patients receive occupational therapy activities.

Results: Twenty-nine caregivers who completed the program improved their ability to cope with stress (p= 0.019), and reacted better to patients behavior (p = 0.007). One hundred percent of caregivers also reported that the program met their needs.

Conclusion: These results document this program's efficacy in lessening caregivers burden. The program's complete syllabus is available for the use in other facilities. Follow-up of caregivers and a control group is necessary to document the long-term effects of the program.

Caregivers' of People with Alzheimer's disease Perspectives on Adult Day Programs

Rene Laje, M.A., J. Berman, Ph.D., D. Woitkowski, M.A., and S. Eidlisz, CSW. New York City Department for the Aging, 2 Lafayette Street, New York, New York 10007

People with Alzheimer's Disease (AD) are usually cared for at home until the last, most debilitating stage of the disease. As a result, the well-being of caregivers has been repeatedly addressed in the literature. Although there has been considerable research recognizing the need for formal services, there is a lack of research on how these services have benefited caregivers and what they recommend to improve services. For this reason, the New York City Department for the Aging conducted a study through funding by a grant from the Administration on Aging to assess caregivers' perspectives on how adult day care for people with AD benefits them. Questionnaires were mailed to approximately 600 caregivers of people with AD (150 in Spanish) who attended adult day programs in the five boroughs of New York City. The questionnaire was designed to assess the functional status of the person with AD using a revised FAST instrument, benefits of the program for the person with AD and the caregiver, and recommendations for improvement. Caregivers indicate that adult day care is particularly beneficial in creating and maintaining a productive lifestyle and in avoiding institutionalization of the person with AD. Furthermore, many agree there is a need for more supplemental and affordable care for those who do not qualify for Medicaid. Demographic profiles and study implications will be discussed.

URBAN-RURAL DIFFERENCES IN A MEMORY DISORDERS CLINIC POPULATION.

S. Wackerbarth & M. Johnson, Departments of Public Policy and Behavioral Science, University of Kentucky, Lexington, KY 40506-0027

Documented disadvantages regarding rural health care systems differences suggest that high mortality, low income, and low education complicate management and treatment. This study examined differences in patient characteristics and family perceptions of patient functioning using data collected at one urban and one rural memory disorders clinic (N = 953). The urban family members reported more memory problems, twice as many personality changes, more frequent behavior problems, and more adverse reactions to problems. However, urban and rural families gave similar reports on patients' abilities to perform ADLs and IADLs. In both clinics patients and caregivers were more likely female. The typical urban clinic patient was older, more likely to be living in a facility, more educated, and scored higher on the MMSE. Clinicians who practice in both urban and rural areas can anticipate differences between patients and their families who seek a diagnosis of memory disorders. From our data the most important finding is that despite similarities in reported functional abilities, urban families appear to be more sensitive to and more distressed by the patient's cognitive and behavioral symptoms than rural families, or are more willing to express these concerns. These differences may reflect different underlying needs, and should be explored in further research.

Adapting Dementia Guidelines Into A User-Friendly Resource for Primary Care Physicians

G. Kim, S.B. Holmes, C.M Connell. Michigan Alzheimer's Disease Research Center (MADRC), 300 N Ingalls Bldg., Rm. 3D03 University of Michigan, Ann Arbor, MI 48109-0489.

Primary care physicians play an important role in recognizing early stage dementia in their patients; failure to do so can result in delayed diagnosis, inappropriate treatment, and negative medical and psychological outcomes for patients and families. Although various dementia guidelines have been developed to improve care and reduce variability in medical practice and outcomes, little is known about their implementation. The purpose of the present study is to adapt existing dementia assessment and treatment guidelines developed for primary care physicians (e.g., American Medical Association, Agency for Health Care Policy and Research, Veterans Health Administration) to create an integrated, concise and user-friendly reference guide. Primary care physicians,geriatricians, neurologists, and health educators reviewed the guide and completed a survey designed to assess the guide's usefulness, usability, content, and comprehensiveness. Responses were used to make further revisions. This guide will be piloted in a study of primary care physicians and the results used to further tailor the materials for broader dissemination and implementation.

HOW "DEMENTIA-FRIENDLY" ARE ACUTE CARE HOSPITAL STAYS IN MASSACHUSETTS?

L. Bruner-Canhoto & N.M.Silverstein
University of Massachusetts Boston Gerontology Institute & Center, Boston, MA 02125-3393

Most hospitals do not have specific protocols in place for responding to the specialized needs of patients with dementia during acute episodes. Some protocols or regulations may, in fact, be counter-productive to good dementia care. In-person interviews were conducted for this exploratory study during March 2000 with personnel involved with patient care in over 30 Massachusetts hospitals. Data were collected regarding hospital personnel perceptions about the major challenges of providing care to patients with dementia. The semi-structured interview schedule was designed to gather insights on current practices and any planned changes. Specifically, data were collected on the level of staff training related to dementia care, the extent of family involvement, the utilization of volunteers, the relationship to community-based services, and adaptations made to the physical environment. Overall, no formal protocols for admission were in place regarding dementia care although most of the hospitals did take some adaptive measures that were "dementia-friendly" such as room selection, use of night lights, and orienting signs. Safety was the major challenge noted followed by patient-specific issues relating to needs, rights, and communication. Only 3 of the respondents indicated that they were aware of and utilized procedures recommended by "Safe Return," the National Alzheimer's Association wanderers alert program. Most training occurred during orientation or through in-service. Nurses, aides, and social workers were most likely to receive training. Five of the hospitals reported having no specific training offered in dementia care.

USE OF MENTORING TO ENHANCE STAFF DETECTION OF PSYCHIATRIC PROBLEMS IN RURAL SENIOR CENTERS.

E. Rankin, D. McKee & A. Lau. WVU School of Medicine, Morgantown WV 26506-9124.

A changing criteria single subject design was used to investigate the effectiveness of mentoring in assisting senior center staff detect cognitive and psychiatric problems. Seven staff members participated in the project. The training program consisted of two 3½ hour workshops which examined late life psychiatric disorders, older adult interviewing techniques, conducting a screening protocol (e.g., MMSE, GDS), and use of an algorithm for making referrals based on screening results. The evaluation program consisted of three phases with increasing goals for mastery. Mentoring included regularly scheduled group meetings and one-on-one sessions as needed. Staff progress was monitored by assessing the number of protocols administered and their accuracy. There were clear trends toward mastery in conducting the protocol across all participants. Mean rates of goal attainment improved from 43% at baseline, to 83% during Phase I, and 91% at Phase II. An audit of case notes, (six-month pre/post training) revealed that staff detected significantly more (x^2) psychiatric symptoms following program participation. Moreover, the number of client care plans carried out by staff also increased significantly (x^2). Mentoring appears to enhance the quality of care for senior center clientele by improving staff's willingness to accurately administer and follow through with a mental health screen.

COSTS FOR STRUCTURAL CHANGES IN THE HOME FOR AD PATIENTS

M. Trabucchi, F. Castelletti, E. Zanetti, T. Metitieri,, R. Rozzini, A. Bianchetti
Geriatric Research Group, via Romanino 1, Brescia, Italy. grg@opencom.it

Introduction: Alzheimer disease imposes a severe financial burden, not only on health care systems and society, but also on caregivers and families. These costs are generally diveded into direct, indirect, and intangible costs but one of the omission, in all AD economic study, is not considering the components of direct costs relative to structural modifications.

Objective of study: Evaluate the costs of structural changes in the home of AD patients over the 5 year study period.

Methods used: The main data source is CO.DEM, a longitudinal study on COsts of DEMentia conducted in Italy from 1994 to 1999 on a sample concerning a sample of 145 patients (38 males and 107 females, mean age 77.2±7.6, divided into different levels of severity of dementia on the Clinical Dementia Rating Scale: 43% CDR 1, 27% CDR 2 and 30% CDR 3) and their caregivers. Patients in the study were diagnosed a probable AD according to NINCDS-ARDRA criteria and were living at home at the time of inclusion in the study. Patients were evaluated at baseline and every 6 months for 5 years to assess cognitive (MMSE) and functional status (BADL) and behavioral symptoms (Cohen-Mansfield Scale). The patients' families were asked all the components of the indirect and direct costs particularly structural changes and relatives costs carried out to make possible for patients to move freely in safety, and if they had had to change house or ubication.

Results: Over a 5 year observation period 37% of initials sample was institutionalized. The patients living at ground-floor were 41% at baseline and 66% at follow-up, those living at first floor were 35% at baseline and 19% at follow-up and those living at upper floors today are only 15% against 24% of 5 years ago. Total amount of the costs for structural modification of homes over 5 years is 7 663 194 lira (i.e. $3 832), excluding the costs to change flat or ubication.

Conclusions: The patients not institutionalized, are less expensive , for NHS but not for families. The data indicate that the costs of dementia paid by families, for structural modification of homes to make the patients to move freely in safety are very high.

MAKE UP OF COSTS FOR AD PATIENTS

F. Castelletti, A. Bianchetti, T. Metitieri, F. Pignatti, A. Pezzini, R. Rozzini, M Trabucchi. Geriatric Research Group. via Romanino 1, Brescia, Italy
grg@opencom.it

Introduction: Dementia, particularly Alzheimer's disease, is a costly condition, drawing on a variety of public and private resources, and there is increasing pressure to define the costs components with a view to improving resource allocation and accountability. Since the largest component of the direct costs of AD is institutionalization, cost-containment strategies of NHSs have focused on maintaining AD patient at home for as long as possible.

Objective of study: To compare different AD cost components in patients living at home and institutionalized patients.

Methods used: The main data source is CO.DEM, a longitudinal study on COsts of DEMentia conducted in Italy from 1994 to 1999 on a sample concerning 145 patients (38 males and 107 females, mean age 77.2±7.6, divided into different levels of severity of dementia on the: 43% CDR 1, 27% CDR 2 and 30% CDR 3) and their caregivers. Patients in the study were a diagnosed as probable AD according to NINCDS-ARDRA criteria and were living at home at the time of inclusion in the study. Patients were evaluated at baseline and every 6 months for 5 years to assess cognitive (MMSE), any functional status (BADL) and behavioral symptoms (Cohen-Mansfield Scale). In addition, the patients families were evaluated monthly in order to collect all the components of the direct and indirect costs.

Results: Over a 5 year observation period cognitive function MMSE and ability to perform ADL declined significantly (12.0±7.1 versus 3.3±5.1, $p=0.000$, and 1.7±1.8 versus 4.9±1.6 functions lost; $p=0.000$, respectively). Behavioral disturbances decreased from 47.5±19.9 to 38.4±8.2 ($p=0.001$). In 5 years Total amount of formal care costs for patients living at home increased from 599 764 to 782 245 Italian lira per month and informal care costs were reduced from 4 449 635 to 4 097 028, costs for drugs were 204 765 versus 224 810 and device's expenditure were 140 920 versus 184 264 Italian lira per month. For patients institutionalized during the study total costs for formal care at baseline were higher than patients remaining at home (1 386 407 Italian lira per month), nursing home costs paid by caregivers corresponded to 2 307 760

Italian lira per month *Conclusions:* To take patients at home is a saving both for NHSs and families. However, NHSs would contribute at least a part of indirect costs assistance to support and improve the quality of life of caregivers

ASSESSMENT OF DEMENTIA-RELATED PROBLEM BEHAVIORS AND CAREGIVER RESPONSES AMONG COMMUNITY DWELLING ELDERS.

V.L. Phillips, Rollins School of Public Health of Emory University, Atlanta GA 30322, & **S. Diwan**, School of Social Work, Georgia State University, Atlanta GA 30303.

Dementia-related problem behaviors (DRPBs) are particularly challenging for formal and informal caregivers to deal with in the community setting. Little is known about the specific nature and prevalence of these problems and the degree to which they bother informal caregivers. Existing tools to assess DRPBs are inappropriate for community use. This study presents preliminary data on a new assessment instrument, the Problem Behavior Inventory (PBI), which is designed to quantify the frequency of behavior problems; the degree to which they bother the caregiver; and the degree to which the caregiver believes the client can control his/her behavior. The 24-item scale includes questions on mood, common behaviors such as wandering, and behaviors related to performance of activities of daily living. The instrument was tested in a Medicaid HCBS program providing geriatric case management and in-home services to people qualifying for nursing home placement in Georgia. Caregivers of clients (n=51) with a Mini-Mental Status Exam score of 22 or less completed the PBI. The mean age of clients was 81 years, 75% were African American, 91% were female, and 79% exhibited behavior problems. Caregivers reported the most bothersome behaviors to be the client: misbehaving so that the caregiver could not take him/her out in public, wandering off, and crying. In 17 of the 24 items, at least 40% of caregivers reported that they believed the client could control his/her behavior when the behavior was present. These results will inform strategies to deal with DRPB in the community and educational programs for caregivers.

Advanced Training in Dementia Care: Outcomes of Two Train the Trainer Programs

H. Bakalar,MSW, T. Ftizgerald, PhD,S. Holmes, MPH,
Older Americans'Independence Center,
University of Michigan,
& Michigan Alzheimers' Disease Research Center

Dementia has become a significant public health concern. It's emotional and economic impact on caregivers, families and patients is devastating. To improve care in rural areas of Michigan the OAIC undertook the development of a train the trainer program. The program was targeted to selected health care professionals and focused on eight dementia specific health care areas. Trainers were involved with the program for an 18-month period during which they undertook the training of caregivers in their own communities. Following the program trainers were networked to a larger statewide dementia training network. The program was offered for two eighteen-month periods. Pre and post knowledge tests were administered to trainers and all training sessions were than evaluated. In all 49 trainers were trained; they presented 381 educational sessions where there were 5,469 learners.The presentation will highlight the program goals, methods, and impact on the communites involved.

DEMENTIA PATIENT ENROLLMENT IN A RESEARCH PROTOCOL: WHAT DO WE KNOW ABOUT WHO DECIDES?

DE Layman, DD Danner, WV Friesen,, GW Hougham, GA Sachs, for the DRIPAC Collaboration (Dementia Research: Informed, Proxy and Advance Consent). Univ. of Kentucky / Center on Aging, 800 S. Limestone, Lexington, KY 40536.

In late 1998, President Clinton's National Bioethics Advisory Commission produced a final report and set of recommendations, "Research Involving Persons with Mental Disorders That May Affect Decision-Making Capacity." The report addressed the challenging issues involved when individuals have difficulty assessing the potential risks of their participation in research. At the University of Kentucky Alzheimer's Disease Research Center (ADRC), and most ADRCs, guidelines for the protection of the dementia patient include proxy consent and patient assent, for those who are decisionally impaired. Following this standard, initial recruitment (135) at the University of Kentucky for research participation in a study on informed consent (DRIPAC, a multi-level, multi-site study examining patient/proxy research consent processes) generally was made through family or friends who served as proxy decision makers. Factors found to be significant predictors of the decision to participate include geographic distance from the center and past agreement to participate in research by the proxy. Initial contact with spouses and adult children yielded a higher participation rate than did contact with patient or other family members (e.g., nieces, nephews, cousins) and friends. Dementia research recruitment outcomes, techniques, and ethics are presented.

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GRANDMOTHERS' ROLES: SURVIVORS OF KWASHIORKOR IN GHANA.

B.F. McGadney-Douglass, Wayne State University School of Social Work, Detroit, MI 48202, N.A. Apt, University of Ghana Centre for Social Policy Studies, Legon, Ghana, & R.L. Douglass, Eastern Michigan University, Ypsilanti, MI.

The health care role of elderly women is traditional in Ghana. This role has accorded them the status of experts in social and medical problems. Grandmothers are actively involved in the caring and nurturing of their grandchildren, including the provision of food and health care. The purpose of this poster is to present descriptive and graphic findings about the role of Ghanaian grandmothers in the survival of grandchildren diagnosed with Kwashiorkor (severe protein malnutrition). This 1999 field study of surviving adolescents found that grandmothers played a major role in the children's survival. There is little understanding of cultural and social factors which helped these children to live when most others died. The relationship of these findings to models of health behavior will be explored, with particular reference to compliance with difficult medical regimens. The roles of these grandmothers provide a model for intergenerational health care and familial health behavior compliance in high stress, impoverished conditions.

PREDICTORS OF TRANSITIONS IN DISEASE AND DISABILITY IN PRE- AND EARLY- RETIREMENT POPULATIONS.

N.G. Choi. Graduate School of Social Work, Portland State University, Portland, OR 97207-0751

Using data from the 1992-1994 Health and Retirement Study, this paper analyzed (1) rates of prevalence and incidence of and transitions in disease and disability statuses of those aged 51 to 61 years in 1992, and (2) the association between the outcomes of the transitions over a 2-year period and sociodemographic, life-stress, health-behavior, and comorbidity factors. Diseases were divided into chronic fatal and chronic nonfatal categories, and disabilities included impairments in activities of daily living and limitations in mobility and other physical functions. The transition outcomes over a 2-year period were: Remaining free of disease/disability, getting better, or getting worse. The findings show high prevalence and incidence rates of chronic disease and mobility/other physical function limitations. However, the findings also show that the improvement rates in disabilities were high. As expected, age and years of education were significant predictors of the transition outcomes. In addition, comorbidity factors and the health-related behavior variables--drinking, smoking, exercising, and body mass index--were consistently significant predictors for both genders. The deleterious health effects of smoking and heavy drinking need to be disseminated even more vigorously in the future, and assistance with smoking and alcohol consumption cessation efforts need to be provided as primary care. Likewise, assistance with weight reduction needs to be implemented for the young old as a preventive health care measure. The beneficial effects of a regular exercise routine should also be propagated for this age group.

A MULTIDIMENSIONAL MEASURMENT MODEL OF FACTORS ASSOCIATED WITH HOSPITALIZATION AMONG OLDER PATIENTS WITH HEART FAILURE.

D. E. Stull, Department of Sociology, The Univ. of Akron, Akron, OH 44325-1905, L.A.Clough, Department of Sociology, The Univ. of Akron, Akron, OH 44325-1905, D. VanDussen, Department of Sociology, The Univ. of Akron, Akron, OH 44325-1905.

Heart failure (HF) affects 3 to 4.7 million people each year and is the most common cause of death and hospitalization for older adults. Startling figures reveal that the number of patients affected by heart failure doubles with each decade of life. This condition is associated with high mortality rates and the highest reported hospital re-admission rates for all patient groups. These risks can potentially be reduced through efforts to maintain optimal physical and social functioning. Typically, clinicians focus on clinical measures alone to assess risk and the success of interventions. These clinical measures are often expensive and physically invasive. However, comprehensive, theoretically-based quality of life measures are lacking. In this study we evaluate a measurement model of health for HF patients based on the WHO (1947), RAND (Ware et al, 1981) and Liang (1986) conceptualizations of health that include physical, social, and psychological components. We use data from a large clinical drug study involving 1,600 older adults—Studies Of Left Ventricular Dysfunction (SOLVD) to assess quality of life factors associated with hospitalizations for older patients with HF. This research demonstrates that: (1) the three dimensions of health are important predictors of risk for older adults with HF; and, (2) the psychosocial components are more strongly associated with hospitalization for heart failure than the physical/medical components, supporting the importance of including these components in assessments of older patients with HF.

PARTICIPANTS' ATTENDANCE AT A HEALTH PROMOTION PROGRAM FOR OLDER WIDOWS AND WIDOWERS

M. Caserta, S. J. Rice, & D. Lund, Univ. of Utah Gerontology Ctr., 10 S 2000 E Front, Salt Lake City, Utah, 84112.

Because spousal bereavement can be disruptive to self-care and health promotion practices, older widow(er)s could potentially benefit from health education classes provided they are motivated to attend. Guided by the Theory of Reasoned Action, we attempted to determine to what extent attendance at *Pathfinders*, a health promotion program for older widow(er)s, was explained by behavioral attitude (expected outcomes of attendance and how they were valued), subjective norm (beliefs about others' opinions about attending and motivation to comply with those beliefs), and behavioral intention to attend all the classes. A sample of 80 widow(er)s, age 50 – 85 years (M = 68.8, SD = 8.2) and widowed a median of 10.5 months attended an average of 8 classes (out of 11 possible, SD = 3.3). Regression analyses revealed that behavioral attitude and subjective norm combined to explain 45% of the variance in intention to attend all the classes ($p < .001$), but the TRA model failed to predict actual class attendance. Alternatively, attendance was greater for those who were older, more recently widowed, and who reported the classes as more helpful (all $p < .05$), accounting for 28% of the variance. Future studies should focus on those unanticipated barriers to attendance (even among the best of intentions) unaccounted for by the model.

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MEGAPOLES – GROWING OLD IN METROPOLITAN AREAS IN THE EU

Lars Andersson, Stockholm Gerontology Research Center, Box 6401, S-113 82 Stockholm, Sweden

Mégapoles is a European Union public health project. Top priority has been granted to three areas, of which elderly individuals is one. The general aim of the resulting network "Growing old in metropolitan areas" (GOMA), comprising 12 capital cities, is to find ways of identifying and strengthening prevention and health promotion for older people in urban settings. Metropolitan areas present specific health risks for older people, and one objective is to evaluate whether it is possible to transfer good projects or programs from one metropolitan area to another. The project has developed a peer review tool (MegaView) which has been used to evaluate projects and programs supported by health or social authorities in three prioritized areas: social isolation, injury prevention and dementia/mental health. One project has been evaluated in each city (i.e. twelve projects in total, comprising four projects in each of the three prioritized areas). Although valuable and transferrable projects were identified, it was concluded that most projects had no precisely stated aims, no clear operationalization of objectives, no clear indicators, no clear definition of health promotion versus caring, and no strategy to reach the most needy. Recommendations have been formulated on three levels - project, city, and EU.

The Long-term Effectiveness of Health Education Groups in an HMO

R. Toseland, P. McCallion, T. Smith, S. Huck, Institute of Gerontology, State University of New York at Albany, 135 Western Ave., Albany, N.Y. 12222

Results from a study designed to assess the short-term and long-term effectiveness of a Health Education Program (HEP) will be reported. HEP is a multi-component group program for spouse caregivers that includes problem solving, health education, coping strategies, and support that is delivered in 8 weekly 2 hour group sessions, and 10 monthly 2 hour follow-up sessions.

The effectiveness of the intervention program was tested using a 2X4X3 randomized control group design (2 conditions, 4 times of measurement, and 3 group leaders). 105 spouse caregivers and their frail elderly husbands or wives enrolled in a local HMO were recruited, screened for eligibility, and assessed one week before baseline, at eight-weeks, and at one and two years (data is still being collected for the two-year measurement period). The participants were assessed on (1) health and functional status, (2) emotional well-being, (3) social support, (4) knowledge of community resources, and (5) pressing problems.

Results of the baseline to eight week, and eight week to one year impact of HEP, analyzed using random effects regression procedures, indicate significant positive changes in the outcome scores for those attending the HEP for measures of depression, social integration, pressing problems, and self-appraisal of change.

The study has important policy implications because it examines whether preventive health education groups offered by an HMO in a primary care setting can reduce health care utilization and costs, while improving participants' health and psychosocial well-being. (Funded by the Agency for Health Care Policy and Research, U.S. Department of Health and Human Services)

THE RELATIONSHIP BETWEEN DIABETES AND VISUAL IMPAIRMENT: RESULTS FROM NHANES III

A.R. Morse, PhD, E.S. Yatzkan, PhD, The Jewish Guild for the Blind, NY, NY, R.R. Arons, DrPH, Columbia University School of Public Health, NY, NY, Randi Morse, Carleton College, Northfield, MN.

The increase of diabetes and its ocular manifestations in an aging population is a serious public health issue, particularly prevalent in persons with lower SES, and persons of color and Native Americans. Using data from the National Health and Nutrition Examination Survey III, 1988-94, a randomized stratified population sample conducted in all 50 states over six years, we examined the ocular consequences of diabetes using descriptive and logistic regression analysis tools. This study examines demographic factors, the length of time since a diagnosis of diabetes and subsequent health consequences, frequency and type of eye examinations performed, and how diabetes affected the person's eyes. In addition, conditions attributable to diabetes have been identified. Lab data that may measure unmet needs, medical and/or medication interventions to control blood sugar levels, and ocular events such as diabetic retinopathy and glaucoma were assessed. Preliminary findings suggest that while ocular consequences are inevitable over a prolonged course of diabetes, there are significant differences in medical treatment that may impact ocular events which may result in excess disability.

COPING STRATEGIES AND ADAPTATION AMONG OLDER ADULTS WITH VISION LOSS.

Eun Othelia. Lee, MSW, Ph. D. Columbia University School of Social Work

Age-related vision loss has been identified as one of the most disabling conditions of later life, reducing older persons' ability to function independently. The few studies of coping strategies and adaptation to chronic visual impairment rely upon quantitative methods, and are hence limited in their ability to identify underlying factors that explain a complex adaptational process and psychosocial well-being. The goals of this study were 1) to identify factors that facilitate or hinder such adaptational process through analysis of self-reported, narrative data, and 2) to validate findings by comparing quantitative with qualitative data in relation to adaptational outcomes. The sample is drawn from two previous studies about adaptation to vision impairment (Horowitz & Reinhardt, 1992; Reinhardt, 1996) (n = 155 and 343, respectively), which included the collection of extensive narrative (qualitative) data in the form of verbatim recordings. Analyses proceeded through the construction of data matrices as described by Miles and Huberman (1994) using a variety of methods (e.g., counting, clustering, making contrasts or comparisons). The findings using qualitative methods imply that choices of coping strategies and availability of resources (e.g., personal, social, and environmental) influence the psychosocial outcomes of stressful events such as age-related vision loss. Practitioners working with aging populations need to understand the complexity of needs, particularly for the old-old who live alone, who are at higher risk of poorer long-term psychosocial adaptation and who used social avoidance as a major coping strategy.

THE SELF MANAGEMENT OF PRESCRIPTION MEDICATIONS AMONG RURAL OLDER ADULTS: THE EFFECTS OF SOCIOECONOMIC, HEALTH STATUS, AND MEDICATION PROFILE INDICATORS

J. Mitchell, Center on Aging, Physicians Quadrangle N, School of Medicine, East Carolina University, Greenville, NC 27858-4354

The rising cost of prescription medications a growing health care concern. Data from in-home interviews with 499 adults aged 66 and over living in a largely rural region taking 1 or more prescription medications show the use of 9 different strategies to self-manage prescription drug regimens to be widespread. Multiple logistic regression results suggest that younger, African-American respondents in poorer mental health, with more acute care physician visits, who know less about their prescription medications and who find payment for their medications to be problematic are more likely than others to self-manage their medication regimens in ways detrimental to their effectiveness. The limitations of the research and the implications of the findings for public policy and for targeted intervention to improve medication compliance among older adults are discussed.

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HOUSE AND HOME: THE IMPACT OF DOMESTIC ENVIRONMENTS ON IDENTITY.

W. Lane, Dept. of Sociology, SUNY Cortland, Cortland, NY 13045.

PARTICIPANTS:

S. M. Peace, C. A. Holland, (The Open University, London, UK MK7 6AA), L Kellaher, (Univ. of North London, UK N5 2AD) Mapping Environmental Well-Being for Older People: One Aspect of Quality of Life.

R. Hancock, J. Askham, H. Nelson, A. Tinker (Kings College, Univ. of London, UK SE1 8WA) To Have and to Hold: Perceptions of Owner Occupied in Later Life.

J. Askham, K. Briggs, I Norman, S. Redfern ,(Kings College, Univ. of London, UK 8E1 8WA) Caring for People with Dementia at Home: Like a Total Institution?

DISCUSSANT:

C, Faircloth (Univ. of Florida, Gainesville, Fl 32611)

Owner occupation of housing is now commonplace amongst older people in the U.K., along with smaller numbers living in specially designed housing; an even smaller group lives in institutions. As elsewhere, U.K. policy for older people and their stated preferences contribute to an ideal for the dwelling place in later life which is essentially domestic. Older people's dentity and well-being is seen as deriving from their dwelling status and circumstances.To what extent is status changed when high levels of formal care are introduced into the domestic setting? What level of compromise is acceptable to older people as they seek to maintain identiity. Methodologically, how are these questions to be addressed?

These papers consider the spectrum of meanings which attach to the category 'home'; from the domestic ideal, to a transformation which entails features of institutionalisation. The consequences for identity of adherance to or deviation from the domestic ideal are the focus of this symposium.

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ASSESSING OUTCOMES OF HOME CARE SERVICES

Robert Applebaum, Scripps Gerontology Center
Miami University, Oxford OH 45056

PARTICIPANTS:

R. Applebaum, R. Ficke, Developing Outcomes for the Aging Network (Scripps Gerontology Center, Oxford OH 45056, Westat, Rockville MD.)

B. Davies and J. Fernandez, (PSSRU, London School of Economics, London England) Should Less Costly Home and Community Care Packages Be Allocated to Those of Higher Dependency?

S. Geron, (Boston University School of Social Work, Boston MA 02215.) Using Client Satisfaction Assessments to Improve Home Care Quality.

DISCUSSANTS:

Roland Hornbostel, Director of Planning and Evaluation, the Ohio Department of Aging, Columbus, OH

David Challis, Researcher Personal Services Research Unit, Manchester England.

Efforts to develop and use outcomes for in-home services have received widespread interest from policy makers and researchers. This symposium will examine three projects that have attempted to develop and use outcome measures to improve in-home services. The individual presentations will examine the approaches used, the barriers to such efforts, and the future challenges faced in moving to a more outcomes based focus. Although outcomes have been discussed extensively in health care, in-home services, particularly the less medicalized services, have been less likely to develop such outcome measures. Barriers to such an approach include adequate measures, data collection challenges including cost, technical capability of provider agencies, and management information system capacity of the participating states and agencies. The emphasis on developing performance based outcomes for government programs in both the U.S. and Great Britain will certainly continue. How the system will respond to these challenges will be a critical question as the system attempts to attract more funds through the political process.

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OLDER FRAIL WOMEN'S LIFELINES: CONTEMPLATING, CONNECTING, AND TEMPORIZING

E. J. Porter, Sinclair School of Nursing,
University of Missouri-Columbia, Columbia, MO 65211

Increasing numbers of frail older women have personal emergency response systems (PERS or "lifelines"), but few researchers have explored elders' experiences related to PERS. Such data are crucial to evaluate technological adjuncts to home care. As part of a longitudinal phenomenological study of older widows' experience of home care (funded by NIH), a analysis was done of PERS-related interview data. Of the 25 women (aged 80-96), 19 had specific characteristics of frailty, and 11 of those women had a history of falls or "black-outs." Of the 19 frail women, 6 had PERS prior to study enrollment, and 1 woman got PERS while enrolled. Of the 12 women who did not have PERS, one woman had discontinued it prior to enrollment; five "veteran fallers" were considering PERS, and one of them got a mobile telephone instead. Whether or not they had PERS, the women were trying to reduce their risks by "getting helpers here quickly when I need them," but otherwise, there was great variability in their experiences. Most women with PERS thought they needed it, but they did not always use it in crises; some tried to get along without it, while others reached help in other ways. Women with PERS were "living with something that has a mind of its own"; unaware that they had "set it off," they were shocked when someone came to check on them. "Hearing a strange voice" [the PERS contact] was disconcerting to women with failing cognitive abilities. Women who stopped using PERS or chose not to do so were not convinced that they needed it, or they were concerned about intrusion and expense. Older women's experiences with PERS should be monitored to promote better use. Interventions are needed to counteract barriers to use.

RURAL ELDERS' ATTITUDES TOWARD FORMAL LONG TERM CARE SERVICES.

R.A. Bell, S.A. Quandt, T.A. Arcury, J. McDonald. Dept. of Public Health Sciences, Wake Forest University School of Medicine, Winston-Salem, NC 27157.

Formal long term care (LTC) services allow older adults to remain community-dwelling despite decline in health common with aging. In rural environments, LTC must compensate for an overall lack of public services, as well as other limitations of rural communities. While studies have examined service delivery and its evaluation by consumers, few have studied LTC from the perspective of older rural residents in general. This research uses in-depth interview data from a representative, multi-ethnic sample of 145 older adults (≥70 years) in rural North Carolina. Informants were asked about their participation in and attitudes toward formal services. Computer-assisted text analysis was used to identify common themes. Elders exhibited conflicting ideas: despite valuing independence and living at home, many saw the use of LTC services designed to keep elders at home as a sign of dependence and giving up. Many called all services "welfare" and thought pride would prevent elders from accessing services. Those not yet needing services had only superficial knowledge of LTC available and eligibility requirements. This suggests that rural elders do not associate LTC with independence; they are often overly optimistic about what services are available. Service providers need to better promote the value of LTC for independent living and inform elders before they need formal services (NIH AG13469).

THE ROLE OF PROVIDERS' FAMILIES IN THE MANAGEMENT OF SMALL, AFRICAN AMERICAN-OWNED ASSISTED LIVING FACILITIES.

S.V. King, M.M. Ball, M.M. Perkins, C. Hollingsworth, B.L. Combs, & F. J. Whittington, Gerontology Center, Georgia State University, University Plaza, Atlanta, Georgia 30303.

An increasing number of small assisted living facilities (ALF's) with predominantly low-income elderly residents and, therefore, low operating budgets, have emerged in African American communities. In an effort to "make ends meet," providers of these small ALF's sometimes utilize a ready resource of additional support–their own families. This research, based on a grounded theory, qualitative analysis of data from 22 provider interviews and 27 resident interviews in 5 African American-owned ALF's, provides information on the role of providers' families in ALF management. The findings suggest that some providers rely heavily on their families for emotional and instrumental support for themselves and their residents and that families play a role in some providers' decisions to enter, remain in, or leave the AL field. Implications of the findings for management of low-income ALF's and recommendations for provider training and support are provided.

Resident Autonomy in Small African-American Assisted Living Facilities.

M.M. Ball, M.M. Perkins, C. Hollingsworth, S.V. King, B.L. Combs, & F. J. Whittington. Gerontology Center, Georgia State University, Atlanta, Georgia 30303

While studies have shown that maintaining some autonomy is key to the quality of life of residents in assisted living facilities, no research has investigated the meaning of autonomy in African American owned and operated facilities. This qualitative research examines residents' and providers' viewpoints regarding autonomy and opportunities for control and choice in 5 small (6-13 beds) African American assisted living facilities. Data collection methods included weekly participant observation and informal interviewing of residents and providers over a 13-month period, review of records, and in-depth interviews with 12 providers (1-3 interviews with each), 17 residents, and 14 family members.

Findings indicate that enhancing resident autonomy is not a primary focus of providers and most residents have little control over care, meals, and daily activities. Major barriers to resident autonomy include inadequate facility resources, providers' attitudes favoring structured care routines, concern of providers and families for resident health and safety, and residents' cognitive impairment. Recommendations for enhancing resident autonomy include the development of training programs for providers and family members in the importance of resident autonomy and increased Medicaid support for low-income facilities.

HEALTH STATUS OF AFRICAN AMERICANS IN NURSING HOMES

K.A. Skarupski, B.E. Fries, P.S.Park. Center for Organizational Research & Evaluation (CORE), Penn State Erie, Erie, PA 16563-1501

This research evaluates the health status of African Americans (AAs) in nursing homes. The project considers differences between AAs and other ethnic groups in health status, stratified by age-group, gender, payer status, & new admissions. Preliminary analyses using 1995 data from New York show that AAs have higher rates of CVA (percentages) (31 v 22), hypertension (44 v 34), and bowel and bladder incontinence (48 and 48 v 39 and 42), while whites have higher rates of ASHD (29 v 23), cardiac dysrhythmias (12 v 6), congestive heart failure (22 v 15), other cardiovascular diseases (15 v 8), falls (17 v 9), the use of anti-depressants (18 v 10) and use of any other medications (36 v 30). Approximately half of the health status indicators showed linear decline with age and females having higher rates of morbidity than males. Future work on the project will extend these results using an archive of 7 million assessments of residents in 14 states.

AGEING IN 2020: WHAT PROPSECTS FOR FUTURE ELDERLY COHORTS IN GREAT BRITAIN?

M.Evandrou, Age Concern Institute of Gerontology, King's College London, SE1 8WA, Britain.
J.C. Falkingham, London School of Economics.

Government projections indicate that the number of persons aged 65 and over living in Britain will increase by 50% between 2000 and 2020. Little attention, however, has been paid to the likely socio-economic characteristics of the British post-war baby boom cohorts in retirement and how they may differ from previous cohorts of older people. Economic and social experiences earlier in the life course impact upon prospects in later life,. By looking back into the past we can therefore see how the experience of the baby boomers to date is likely to shape their future.

This paper examines the social and economic experiences of four birth cohorts in Britain over the period 1974-1996. The research employs pseudo-cohort analysis using the British General Household Survey. the findings indicate significant differences in the living arrangements, health and access to resources amongst the cohorts which will have implications for the retirement prospects of the post-war baby boom generations in 2020 and beyond, Increasing polarisation will be a key facet of 21st century ageing in Britain. this will present a particular challenge for policy makers, requiring long-term planning beyond the five year electoral cycle.

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INSIGHT IN ALZHEIMER'S DISEASE: DEFINING, MEASURING, AND UNDERSTANDING ITS IMPACT

P.B. Harris, Dept. of Sociology, John Carroll University, Cleveland, OH 44118

Participants:

J. Bond & L.Corner (Centre for Health Services Research and Institute for the Health of the Elderly, University of Newcastle, Newcastle upon Tyne, UK) Medicalization of Insight or Awareness Deficit in Alzheimer's Disease and Other Dementias

K.A. Smyth, M.M.Neundorfer, E. Koss, D.S. Geldmacher, P.K. Ogrocki, P.J. Whitehouse (University Alzheimer Center, Cleveland, OH 44120) Deficit Identification and Quality of Life

L. Clare (Sub-Department of Clinical Health Psychology, University College London, London, UK) Is Awareness of Memory Functioning in Early-Stage Dementia of Alzheimer Type Related to the Outcome of Cognitive Rehabilitation Interventions?

V. Cottrell, K. Wild, D. Vorhies, K. Dehart (Portland State University, Portland, OR 97207) Driving in Healthy and Cognitively Impaired Elderly: A Comparison of Self-Ratings and Performance Based Evaluations.

S.M. Arkin, N. Mahendra (Department of Speech and Hearing Sciences, University of Arizona, Tucson, AZ 85721) Insight in Alzheimer's Patients: Them That Has Keeps!

DISCUSSANT:

Steven R. Sabat (Georgetown University, Washington, D. C. 20057)

The capability of people with Alzheimer's disease (PAD) to be aware of their deficits in cognition, memory, and behavior is an emerging and controversial area in dementia research. It has moved from the position that PAD are not capable of insight to the possibility of a continuum of different levels of awareness in separate or multiple domains. However, there is little agreement in how insight or awareness is defined, how it should be measured, or what impact insight or lack of it has on behavior, social interactions, and/or quality of life. This symposium explores these areas by: 1) examining the medicalization of the uncertain definition of insight and its social psychological consequences,
2) questioning the ambiguous measurement of deficit awareness and its relevance to quality of life issues, 3) assessing the relationship of awareness to the outcome of cognitive rehabilitation interventions, 4) studying the complexities of the relationship between the behavior of driving and the lack of awareness of deficits in needed skill sets, and 5) examining the capability of maintaining insight over the course of the disease. Together these papers assist in furthering our understanding of the meaning of insight in AD and its impact on PAD and their families, a needed step in providing quality dementia care.

Sponsored by the Alzheimer's Disease Interest Group.

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QUALITY INDICATORS: PLANNING FOR THE NEXT GENERATION

K. Berg, Center for Gerontology, Brown University, Box G-H3, Providence, RI 02912

Participants:

T. Moore, (Abt Associates, Cambridge, MA) Development and Validation of Nursing Home Quality Indicators.

J. Morris, V. Mor, (Hebrew Rehabilitation Center for the Aged, Boston, MA; Center for Gerontology, Brown University Providence, RI) Conceptual and Technical Considerations in Creating Quality Indicators and Establishing Benchmarks.

K. Berg, (Center for Gerontology, Brown University Providence, RI) Post-Acute Quality Indicators: Deciding on What, for Whom and When.

K. Murphy, (Hebrew Rehabilitation Center for the Aged, Boston, MA) Chronic Long-Term Care Quality Indicators (QI's): Filling in the Gaps.

K. Lapane, (Center for Gerontology, Brown University, Providence, RI) Development of Quality Indicators Based on Medication Use.

Discussants: S. Clauser, HCFA and R. Besdine, UConn

The objective is to examine conceptual and technical issues pertaining to the development of new quality indicators. A general framework was established that required that indicators reflect areas which are under the control of the facility, use readily available computerized patient-level data such as the Minimum Data Set (MDS v2) or Post-Acute MDS and demonstrate clinical content validity and reliability over successive periods of time. Comparison of quality indicators across facilities requires understanding the influence of patient selection bias, facility case-mix differences both of which are affected by service specialization in the local market. Additional sources of bias that must be accounted for include differential rates of detecting or ascertaining problems and differential rates of exit from the facility due to rehospitalizations or discharge to the community. The sample sizes used in estimating quality indicators for large and small facilities influence the level of confidence in ranking facilities. Empirical analyses of patient data from 8 states and 1000's of facilities suggest that quality is not unidimensional as facilities are not consistently ranked as better or worse performers in all domains. Furthermore, In light of numerous sources of bias and instability of QI ranks, use of this information should be targeted to the specific audiences – facility quality assurance, regulatory oversight, health car payers and consumers selecting facilities. Establishing thresholds and determining what level of confidence one needs to make various statements about facility quality requires scientific, policy and public discussion.

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MEASURING CAREGIVING STRAIN AND GAIN IN HISPANIC AND NON-HISPANIC ALZHEIMER'S DISEASE CAREGIVERS

C. L. Morano, Ph.D. University of Maryland, School of Social Work, Baltimore, MD21207-1777

A purposive sampling strategy was used to recruit 204 Hispanic and non-Hispanic AD caregivers to examine effect of caregiving stress on outcomes of strain (depression and somatic complaints) and gain (life satisfaction, mastery, and personal gain). Regression equations were used to examine moderating and mediating models of stress, appraisal and coping. Emotion-focused coping skills were found to significantly moderate the effects of stress explaining approximately 21% of the variance in depression (F [1,195] = 4.62, p < .05), and approximately 9% of the variance in life satisfaction (F [1,195] = 9.10; p < .05). Appraisal of Burden was found to significantly mediate the effects of stress, explaining approximately 30% of the variance in somatic complaints (F [1,196] = 31.60; p < 001) and 32% of the variance in depression (F [1,196] = 38.18; p < .001). The results of this study underscore the importance of accounting for positive and negative outcomes, as well as using comparative models of analysis for providing a more complete understanding of the stress, appraisal and coping process of Alzheimer's Disease caregivers.

THE RESEARCH INTERVIEW. LISTENING FOR THE COMMUNICATIVE SIGNALS OF HUMOR, NARRATIVES, AND SELF-DISCLOSURE IN THE CAREGIVER-CARE-RECIPIENT INTERVIEW.

Bethea, L.S., George Mason University, MS3D6, Fairfax, VA, 22030. Travis, S. S., University of North Carolina-Charlotte, Charlotte, NC, 28223.

One of the main lessons learned in interviewing is gathering data and obtaining relevant information. Although many studies have emphasized the various strategies and skills for breaking bad news to patients, few have focused on the verbal and nonverbal cues patients reveal to those interviewing them whether it is a caregiver, physician or researcher. Content analysis of interviews with 23 family caregivers of dependent elderly family members focusing on humorous anecdotes, disclosures, and laughter were found to serve as cues for interviewer follow-up. Data suggest these were the points of sensitive information that might be missed without probes. Such conversational cues as changes in vocalics or pitch, laughter, stuttering, pausing, use of metaphorical language, humor, self-disclosure, narratives and anecdotes may indicate patient fears, hopes, goals, and other factors that aid caregivers in diagnoses. Health care professionals and researchers who are able to recognize and listen to such patient cues during formal and informal talk that may be directly relevant to health and healing will likely gain valuable information that could be easily lost. The future task is to train caregivers to increase their nonverbal "cue" awareness in the interview setting.

Transitions in Spousal Caregiving: Experience from The Caregiver Health Effects Study (CHES) L. Burton, Johns Hopkins U., 624 Broadway, Baltimore, MD,21205, R. Schulz, U. of Pittsburgh, PA.; S. Jackson, Wake Forest, Winston-Salem, NC; C. Hirsch, U.C. Davis, CA., B. Zdaniuk, U. of Pittsburgh, PA.

Findings from CHES have documented the burden associated with caregiving. Caregivers (CG) and matched non-caregivers (non-CG) were enrolled from the Cardiovascular Health Study, which randomly selected Medicare beneficiaries age 65 and over in 4 sites. The CHES study has followed them yearly, defining CGs as those providing care in an ADL or IADL for a spouse. Only 50% of non-CGs remained married non-CGs, and almost 15% of them became CGs over the 4 year period.

Status at 4 Years	Non-CG at baseline (501)	CG at baseline (317)
Remain in baseline status	248 (49.5%)	82 (25.9%)
Became CG	73 (14.6%)	----
Became non-CG	----	31 (9.8%)
Spouse deceased	53 (10.6%)	75 (23.7%)
Spouse in NH	9 (1.8%)	38 (12.0%)
Died	53 (10.6%)	50 (15.7%)
Withdrew	65 (13.0%)	41 (12.9%)

These transitions offer some indication of the large amount of change in status that may be expected among older spousal pairs.

GRANDPARENTS RAISING GRANDCHILDREN: FAMILIES IN TRANSITION.

D.P. Waldrop, School of Social Work, State University of New York at Buffalo, Buffalo, NY 14260
J.A. Weber, Gerontology Institute, Oklahoma State University, Stillwater, OK 74078

Family relationships undergo significant change when grandparents begin raising their grandchildren. The purpose of this study was to explore how family relationships change when grandparents begin raising their grandchildren. Ongoing relationships between grandparents, their adult children and grandchildren were explored through semi structured in-depth interviews with 38 families. Tape recorded interviews were guided by the use an instrument that included questions about family issues and factors affecting grandparent-headed families. Data was analyzed using QSR NUD*IST software for qualitative research.

Three major themes emerged: blended grandparent-parent roles, parent-child relationships, and collateral family relationships. Parent-child bonds continue to be important despite sometimes infrequent and sporadic contacts. Implications include the need for an increased awareness of multiple simultaneous family problems and the long-term influence of intergenerational family conflicts.

Grandparents Raising Children With and Without a Developmental Disability: Preliminary Comparisons

Force, L.T.*, Botsford, A.[2], Pisano, P.A.[3],& Holbert, A.[4], Mt. St. Mary College, NY USA

One group of grandparents who have received less attention in the literature is those caring for a grandchild with a developmental disability, such as an intellectual disability, autism, or cerebral palsy. A variety of issues make this a population of concern, including the impact of medical advances, de-institutionalization, and social problems such as substance addiction, limited health care options, the epidemic of HIV+/AIDS, and economic disadvantage. An exploratory study was undertaken to compare the characteristics and needs of a group of grandparents raising grandchildren who have a developmental disability with those of a group of grandparents raising grandchildren without a disability. This presentation will address the confirmatory and exploratory findings of this study-including the use of formal services and informal supports, implications of the presence of "depression," and the knowledge base required to help practitioners, policy makers, program designers and advocates understand the needs of grandparents in general and of this particular specialized population.

[2] Marist College, Poughkeepsie, NY; [3] Pine Plains Central School District, Pine Plains, NY; [4] Mount Saint Mary College, Newburgh, NY

HOW GRANDPARENTS RAISING GRANDCHILDREN VIEW SUPPORT GROUPS

G. C. Smith, S. Savage-Stevens. Department of Human Development, University of Maryland, College Park, MD 20742.

Despite growing numbers of support groups intending to assist caregiving grandparents, research on grandparents' views of these interventions is sparse. We administered focus group interviews and self-administered questionnaires to 42 grandparents ($\bar{X}$age = 57; range = 46-73) to discover their major concerns, how they could best be served in support groups, how to encourage participation in such interventions, and the best means to inform grandparents of support groups. Sixty percent of the sample had been in grandparent support groups, and 16% were also human services professionals. Beyond the traditional objectives of learning new information and validating feelings, other goals mentioned for support groups included (a) involving other key family members, (b) developing "buddy systems", (c) tackling advocacy issues, and (d) learning assertiveness skills. There was a preference for structured groups that meet no more than bimonthly, and are co-led by professionals and grandparents. Groups were viewed more favorably if they encompass established but flexible agenda, well-articulated goals, informative guest speakers, child care arrangements, occasional fun activities, and are held at convenient times in safe locations. Suggested sources for announcing support groups included mass media, schools, churches, community agencies, neighborhood associations, employers, and the internet.

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A Journey to Dementia's "Inner World" of Feelings

Four (20 minute)/color videotape/1998
Produced by Alzheimer's Education

As people with dementia lose their powers of reasoning, judgment, perception and language, they often become anxious, bored, frustrated, angry, suspicious and depressed. It is from these emotional states that the challenging behaviors of dementia arise. This video series explains how to understand these behaviors by identifying the forces that trigger the uncomfortable emotions. A logical step-by-step explanation in simple, easy to understand language leads to an effective approach to preventing emotionally troubled behavior.

In this video series you will learn to understand:

- The "inner world" of dementia
- Positive and negative triggers
- How to create an individual plan of care

Contact: James Vanden Bosch
Terra Nova Films, 9848 S. Winchester Ave., Chicago, IL 60643 800.779.8491;
FAX 773.881.3368; e-mail jvb@terranova.org

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FAMILY CAREGIVER SUPPORT PROGRAMS: CARING FOR OUR CAREGIVERS

R. Friedland, National Academy on an Aging Society, 1030 15th Street, NW, Suite 250, Washington, D.C. 20005

PARTICIPANTS:

R. Browdie (Dept. of Aging, Harrisburg, PA 17101) The Pennsylvania Family Caregiver Support Program.

L. Friss Feinberg (Family Caregiver Alliance, San Francisco, CA 94104) California's Family Caregiver Support Programs.

D. McDowell (Bureau of Aging and Long-Term Care Resources, Dept. of Health and Family Services, Madison, WI 53707) Wisconsin's Community Options Program.

J. Takamura (Administration on Aging, Washington, D.C. 20201) Moving Forward: A National Family Caregiver Support Program.

DISCUSSANTS:

L. Polivka (Florida Policy Exchange Center, University of South Florida, Tampa, FL 33620)

L. Shirey (National Academy on an Aging Society, Washington, D.C. 20005)

Family caregivers provide the majority of care to older persons, often at great expense. Family caregiver support programs provide information, assurance, and some relief. Support programs, however, vary and may include direct services to caregivers, such as information and resource centers, support groups, training, and respite care. Family caregivers provide important societal and financial contributions to maintaining the well-being of older Americans. More support, however, is needed in order to insure the well-being of future generations of older Americans.

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AGING, SOCIAL POLICY AND RISK: LESSONS NOT YET LEARNED?

G. O. Hagestad, Human Development and Social Policy Program, Northwestern University, 2115 N. Campus Dr. Evanston, IL 60208 and Agder University College, 4604 Kristiansand, Norway

PARTICIPANTS

D. Dannefer, G. O. Hagestad (Warner Graduate School, University of Rochester, Rochester, NY 14627; Human Development and Social Policy Program, Northwestern University, Evanston, IL 60208 and Agder University College, Norway) "At Risk" in the Risk Society: Observations on the Dynamics of Structure and Action in the Late Modern Life Course.

J. Baars (Katolieke Universiteit Brabant, the Netherlands) Beyond Beck: Risk and the Contingencies of Life.

A. O'Rand (Department of Sociology, Duke University, Durham, NC 27708) Life Course Risks and Inequality.

A. Walker (Department of Sociological Studies, University of Sheffield, Sheffield S10 2TU, UK) Structured Dependency Revisited: Seeking a Way Through The Structure/Agency Debate.

DISCUSSANTS

M.W. Riley (National Institute on Aging, Washington, D.C.)

J.S. Quadagno (Florida State University, Tallahassee, FL 32306)

Social change in late 20th century rekindled old debates about the relative power of individual choice and social structure in shaping lives. Core assumptions of the modern welfare state were challenged, and it was claimed that the restructuring of institutions has weakened the power of social class. The life course has become less structured; some authors say it has been de-institutionalized. A growing emphasis has been put on individuals as «architects of their own lives». This trend can also be observed in the field of aging, especially in the U.S. Some authors, particularly in Europe, have cautioned against the «individualization of the social», and emphasized the risks of late modernity. Inherent in their arguments is the view that structures of social reproduction are not gone, but obscured or rendered invisible. In this symposium, we examine the tension between agency and structure and ask if social gerontologists run the risk of protecting and reproducing inequalities.

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CORONARY ARTERY DISEASE IN ELDERLY

W.S. Aronow, Mount Sinai School of Medicine, New York, NY 10029

Participants:

P. Vokonas (Boston University School of Medicine, Boston, MA 02130) Risk Factors for Coronary Artery Disease in the Elderly

D.D. Tresch (Medical College of Wisconsin, Milwaukee, WI 53226) Clinical Features of Acute Myocardial Infarction in the Elderly

W.S. Aronow (Mount Sinai School of Medicine, New York, NY 10029) Treatment of the Older Person After Myocardial Infarction

Discussant:

W.S. Aronow (Mount Sinai School of Medicine, New York, NY 10029)

Risk factors for coronary artery disease in older persons include cigarette smoking, hypertension, age, diabetes mellitus, hypercholesterolemia, increased serum low-density lipoprotein cholesterol, decreased serum high-density lipoprotein cholesterol, hypertriglyceridemia, and obesity. Clinical symptoms of acute myocardial infarction (MI) in the elderly include dyspnea, chest pain, neurological symptoms, and gastrointestinal symptoms. Unrecognized MI occurs in 40% of MIs in the elderly. Treatment of the older person after MI includes control of coronary risk factors, use of aspirin and beta blockers, and use of ACE inhibitors if there is heart failure, an anterior MI, or a left ventricular ejection fraction ≤40%. Long-acting nitrates should be given if angina is present. Warfarin should be used in persons unable to tolerate aspirin, persistent atrial fibrillation, and left ventricular thrombus. Calcium channel blockers should not be used unless there is persistent angina despite beta blockers and nitrates. Antiarrhythmic drugs other than beta blockers should not be used. Indications for coronary revascularization are prolongation of life and relief of unacceptable symptoms despite medical therapy.

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HEALTH OUTCOMES RESEARCH IN DIVERSE POPULATIONS

Organizer:

J. Bennett, San Diego State University, 5500 Campanile Drive, San Diego, CA 92182-4158

PARTICIPANTS:

K. S. Markides (Dept. of Preventive Medicine & Community Health, Center on Aging, University of Texas Medical Branch, Galveston, TX) Health Status of Mexican American Elderly: Selected Findings from the Hispanic EPESE.

R. Lindeman (Division of Gerontology, University of New Mexico, Albuquerque, NM) The New Mexico Elder Health Survey. A Comparison of Health and Health-Related Issues in Hispanics and Non-Hispanic Whites.

D. K. Miller (Division of Geriatric Medicine, St. Louis University and GRECC, VAMC, St. Louis, MO) Socioeconomic Impact on the Health of Older African Americans: Individual and Ecological Factors.

S.P. Azen (Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, CA) The Well-Elderly Study: Short and Long-Term Outcomes in Multi-Ethnic Cohorts.

DISCUSSANT:

A. L. Stewart (Institute for Health & Aging, University of California San Francisco, San Francisco, CA)

Health care providers, researchers, and developers of public policy now recognize that health outcomes studies must include participants from diverse ethnic and socioeconomic groups so the data will be useful for planning health care for the rapidly increasing population of minority elders in the United States. The participants in this symposium will present studies that found differences in health and disability outcomes in Hispanic, African American, and Asian groups compared with the general population. In addition, they will report findings about the demographic differences among groups that may be associated with adverse health outcomes. The presenters will also address issues that faced them in conducting studies of previously under-represented groups, including recruitment of subjects and tailoring of interventions.

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Physicians' assessment of pain in cognitively impaired nursing home residents. J.Cohen-Mansfield. S. Lipson (Hebrew Home of Greater Washington, and George Washington University 6121 Montrose Rd, Rockville, MD 20852).

This study examined the reliability and validity of physicians' assessments of pain in cognitively impaired nursing home residents. Of the 79 participants, 31 had mild/moderate cognitive impairment (average MMSE = 14.3) and 48 were severely cognitively impaired (average MMSE = 2.2). Over 80% of the participants were female, and the average age was 87 years. A physician from outside the nursing home examined lab results, performed a physical examination, and completed a detailed assessment of pain. For 42 of the participants, their personal physician also completed the same assessment. The medical examination was only fully completed for about half of the participants. Inter-physician agreements were statistically significant and moderate in magnitude. When the data were examined within subgroups the correlations were significant only among those with mild/moderate impairment. Some of the physicians ratings of pain correlated significantly with MDS pain indicators, and some correlated with residents' self report. All relationships were weaker in the severely impaired group. Pain ratings were significantly correlated with higher cognitive functioning. The results validate physicians' evaluation of pain during a medical examination, and question their ability to evaluate pain in the severely cognitively impaired.

SAFETY SCALE FOR PEOPLE WITH DEMENTIA LIVING AT HOME

L. Poulin de Courval, CLSC Cote-des-Neiges,
5700 Côte-des-Neiges, Montreal, P.Q., Canada
H3T 2A8,
D. Astor, I. Gelinas, S. Gauthier, M. Rossignol, J. Sampalis

With the input of health care workers of different disciplines working at home with people with dementia, we have developed a list of behaviours which may be unsafe for our dementia patients. With this list, we have developed a scale evaluating the safety of people with dementia still living in their own homes. While constructing this scale, we took into consideration 3 characteristics of the patient : their environment, their personality and the symptoms related to dementia.

Our 95 questions scale covers such items as driving, fire, burns, falls, malnutrition, inapropriate use of medication, wandering. The evaluation of subjects with this scale will give us a global level of safety as well as information on specific problems. We will be presenting our scale which is presently undergoing validation studies in several regions of Canada.

RECOGNITION OF GERIATRIC CONDITIONS IN AN OUTPATIENT GERIATRIC ASSESSMENT TRIAL

C.A. Alessi, K.R. Josephson, F.M. Pietruszka, J.O. Harker, L.Z. Rubenstein, GRECC (11E), VA Greater Los Angeles Healthcare System, Sepulveda, CA 91343

As part of a controlled trial to evaluate a system of postal screening, casefinding, referral and case management, we screened elderly patients at a VA outpatient clinic for 5 geriatric conditions: depression, cognitive impairment (CI), falls, urinary incontinence (UI), & functional impairment (FI). Experimental subjects (Exp) (n=284) received a brief telephone assessment, referrals for evaluation as necessary, and follow-up case management for 1 year. Control subjects (Con) (n=248) received usual care. Chart reviews were completed after 1-yr to assess rates of symptom recognition & referrals.

The overall prevalence of positive symptoms was 77% for FI, 43% for UI, 38% for depression and falls, and 28% for CI. Symptoms were documented more often for Exp than for Con.

Target Condition	Symptoms documented in chart Exp	Con	p
FI	39%	15%	.0000
UI	75%	26%	.0000
Depression	89%	33%	.0000
Falls	86%	38%	.0000
CI	81%	26%	.0000

Exp were more likely than Con ($p<.05$) to be referred for evaluation of falls (63% vs 30%), UI (47% vs 22%), and CI (79% vs 33%). There were no differences for depression or FI.

Symptoms of common geriatric conditions may often be overlooked by primary care providers. Systematic screening in the outpatient setting can significantly improve detection and referral to geriatric services. Effects of this program on outcomes are being investigated.

ADDRESSING POLYPHARMACY IN A GERIATRIC EVALUATION & MANAGEMENT (GEM) UNIT

AG Golden, S Lai, S Dang, BA Roos Univ of Miami Sch of Med, Johns Hopkins Med Sch, Stein Geronto-logical Inst, GRECC/VAMC, Miami, FL 33125

Objective: To determine whether inpatient GEM evaluation can decrease the number of medications taken by frail elderly patients, a population at high risk for adverse drug reactions. *Methods*: The pharmacy profiles of all inpatients on the GEM from July 1, 1998 to March 15, 2000 were reviewed at admission and at discharge. The following information was obtained: (a) total number of daily medications used (excluding PRN medications, dermatological creams, sublingual nitroglycerin, heparin, and short- term antibiotics); (b) number of drugs discontinued; (c) number of drugs added. *Results*: 69 patients (65 male, 4 female) with a mean age of 78.4 years (range 68-96, SD ± 5.1) were admitted during the 21.5-month study period. On admission the mean number of medications was 7.0 (0-22, SD ± 3.8). 62 of 69 had at least 1 medication change (either deletions, dosage reductions, and/or additions). By discharge the number of drugs was reduced to 5.5 (0-14, SD ± 2.9) ($p < .05$). 13 patients had benzodiazepines discontinued, and 12 had drugs that were inappropriate of diagnosis removed (Beers, *Arch Intern Med* 157:1531-1536, 1997). In addition, 12 patients had the dosage on at least 1 medication decreased. *Conclusion*: GEM care decreases the number of drugs and improves the quality of drug therapy in the frail elderly.

COMPARISON OF ADL/IADL ASSESSMENT METHODS

J.C. Rogers, M.B. Holm, S. Beach, R. Schulz, University of Pittsburgh, Pittsburgh PA 15260

Despite the importance of assessing ADL/IADL function in the care of geriatric patients, data about the concordance of the methods used to obtain this information is limited. The purpose of this study was to compare the concordance of self-report (SR), proxy-report (PR), clinical judgment (CJ), and performance-testing in the clinic (PB-Clinic) to the criterion method, performance-testing in patients' homes. The sample consisted of 57 well subjects (mean age = 79) and 57 subjects (mean age =81) with knee osteoarthritis (OAK).

In the WELL group, concordance with the criterion concerning functional mobility was highest for SR and PR (88%) with CJ and PB-Clinic concordance slightly lower (79% and 76% respectively). In contrast, in the OAK group, the PB-Clinic method was most concordant (73%), with the other 3 methods ranging from 61% (PR) to 55% (CJ). For personal care, in both groups, SR and PR methods were more concordant indicators than CJ or PB-Clinic (88% and 87% respectively for WELL; 69% for both methods OAK). Concordance with the criterion for cognitive IADL was highest in both groups for SR and PR methods (79% and 78% respectively for WELL; 68% and 65% respectively for OAK). For the physical IADL, within the WELL group, PR and SR produced the most concordance with the criterion (93% and 91% respectively), followed by CJ (77%) and PB-Clinic (62%). PR (54%) was also the most concordant indicator in the OAK group, but PB-Clinic was next (52%) and CJ was least concordant (44%). Thus, even for the methods that were generally most concordant (SR, PR) discordance with the criterion is substantive particularly for the OAK group.

PATTERNS OF REPORTING ON THE ADL ABILITIES OF PERSONS WITH ALZHEIMER'S DISEASE BY FAMILY INFORMANTS

S.E.Doble, School of Occupational Therapy, Dalhousie University, Halifax, NS, Canada B3H 3J5

It is widely accepted that family informants underestimate the abilities of persons with Alzheimer's disease (AD) to perform activities of daily living (ADL). However, such research has typically compared assessments that operationalize the construct of ADL abilities differently. In this study, the Assessment of Motor and Process Skills (AMPS) was used to generate observational ADL ability measures of 60 subjects with AD. Family informants then used a proxy-report version of the AMPS to report on the AD subjects' ADL abilities. Concordance was achieved between the measures in over half of the cases. Family informants rarely underestimated the AD subjects' ADL motor or ADL process abilities (i.e., <5% and 7% respectively). They were much more likely to overestimate their ADL motor (20%) and their ADL process abilities (38%). No psychosocial variables were identified that differentiated informants who overestimated ADL motor abilities from those whose reports were concordant. In contrast, informants who reported less depression and higher levels of social support within their relationship with the subject were more likely to overestimate their family members' ADL process abilities.

THE VALIDITY OF THE DEBRUNNER KYPHOMETER FOR THE MEASUREMENT OF THORACIC KYPHOSIS.

KM Shipp, J Lee, DT Gold, CF Pieper, JL Purser, KW Lyles, Center for Aging, Pepper OAIC, Duke University and GRECC, Durham VAMC, Durham, NC 27710

Although the Debrunner kyphometer (DK) has been used for the measurement of thoracic kyphosis (TK) in clinical and research settings since 1972, the validity of the device in comparison to radiographs has not been reported. This study assessed the agreement between the DK reading of TK (T2-3 to T11-12) and a radiologist's computation of the Cobb angle of TK (T4-T12) using lateral thoracic radiographs. A sample of 30 (10 from each tertile of DK) was selected from 185 older women (mean age 80.9 years) who participated in a clinical trial of an intervention for women with vertebral fractures. Radiographs occurred before the clinical assessment (mean 42.9±13.1 days). Results follow (CC=correlation coefficient; LB=lower bound 95% confidence interval):

Pearson's CC	0.83 (LB 0.68)
Intraclass CC	0.80 (LB 0.66)
Concordance CC	0.79
Within person coefficient of variation	0.13

We conclude that the clinical device, DK, has acceptable validity for measuring TK when compared with radiographic assessment of TK. Advantages of DK include lower cost, ability to assess TK during the physical exam, and no radiation exposure to the patient.

THE DISCOVERY METHOD OF CLINICAL INTERVENTION FOR DEMENTIA AND ALZHEIMER'S DISEASE

V.N.Gang, Consultants in Care, 3435 Riverdale Ave., Bronx, New York 10463.

The DISCOVERY Method (Dynamic Identification System for Capacity: Observe; Validate; Empower; Reinforce; Yield) does **not** assume that disability and decline are the expected outcomes of a dementing illness.

In a seven year study, one hundred twenty-seven clients demonstrate that physical and cognitive capacities, even those presumed "lost", can be identified and then uniquely supported and interwoven to enhance self esteem and achieve maximum independence in function. In contradistinction to traditional evaluation and treatment of dementia, The DISCOVERY Method assesses the client for ways the body attempts to preserve homeostasis in the presence of neurological disease. Clinicians, family and agency caregivers are trained in The DISCOVERY Method. Physical and cognitive capacities are observed and recorded in the format of Antecedent, Behavior, and Consequence. Clinicians assess and implement a client-driven, consistently evolving, treatment plan based on recorded observations of client "clues" of capacity upon which clients are "cued" for success. Application of The DISCOVERY Method empowers clinicians to 1) maximize client's physical and cognitive functions, 2) prolong plateaus of stability, and 3) achieve optimum quality of life. Two case studies demonstrate the process and outcomes of The DISCOVERY Method.

THE MEASUREMENT OF PSYCHOSOCIAL PREFERENCES IN COMMUNITY DWELLING ELDERS.

K. Van Haitsma, B. Carpenter, K. Ruckdeschel, M. H. Kleban, M.P. Lawton, Polisher Research Institute, Philadelphia Geriatric Center, Philadelphia, PA, 19141.

Past studies have documented that control over the details of one's everyday life and the provision of preference congruent care is related to better quality of life for elders. The purpose of this study was to develop an instrument to assess psychosocial preferences for everyday living. Related work by this group found that psychosocial preferences can be conceptually mapped into six domains, indicating that people think about categories of psychosocial preferences in similar ways. In contrast, the expression of preferences is inherently idiosyncratic presenting a challenge to traditional, factor-analytic approaches to categorization.

The current study assessed preferences for everyday living in a group of 451 community dwelling elders. The sample was stratified to reflect differing levels of experience in the home health service delivery system. A cluster analysis identified five clusters of individuals who expressed distinct combinations of psychosocial preferences, providing a preliminary typology of expressed preference. These clusters were characterized by specific patterns of demographic, functional, and physical and mental health variables. Implications for individualization of care are discussed. Funded by the Fan Fox & Leslie R. Samuels Foundation.

COMPARISON OF MAXIMUM STABILITY LIMITS FOR THE FUNCTIONAL REACH AND LIMITS OF STABILITY TESTS

S Clark, C J. Anthony, P W. Iltis
Department of Movement Science, Gordon College, Wenham, MA 01984

The Functional Reach (FR) and Limits of Stability (LOS) tests are widely used in clinical settings to assess dynamic postural control as older adults volitionally displace their center of gravity (COG) within the region of stability. Although it has been suggested that the FR provides a more functional approximation of the margin of stability, differences in maximum stability limits for the FR and a traditional leaning test (i.e., LOS) have not been previously reported. The purpose of this study was to compare the maximum stability limits for the FR and 100% LOS tests. Sixteen older adults (71-81 years) at-low risk for falls completed 3 trials of both the FR and 100% LOS tests while standing on the Balance Master 6.1 force platform (NeuroCom International, Inc.). Maximum stability limits for the 2 tests were determined as a ratio of the subject's maximum COG excursion to the theoretical 100% maximum COG displacement (i.e., limit of stability). Results of a 2 X 3 (Condition X Trial) within-subject DM MANOVA revealed significant Main Effects for Condition (Wilk's= .627, F(1,15) = 8.94, p<.01). Effect size calculations for differences between FR and LOS were moderate (.50). These results indicate that maximum stability limits on the 100% LOS test were about .5 standard deviation units greater than those for the FR. In conclusion, these findings indicate that the FR and LOS tests provide different estimates of maximal stability limits in older adults. We are presently examining if differences in maximum stability limits are attributable to differences in the specified task goals of the 2 tests.

ACTIVITY CHANGES AS AN INDICATOR OF EARLY DECLINE AMONG COMMUNITY-DWELLING OLDER ADULTS.

H. W. Lach, K. M. Everard, M. C. Baum, Division of Geriatrics and Gerontology and Program in Occupational Therapy, Washington University School of Medicine, St. Louis, MO 63108.

Changes in activity participation were tracked over three years among older adult OASIS members in a longitudinal study. Most were white (95%), married (45%), and female (81%), with some college education (75%). Patterns of activity were measured over three years using the Baum Activity Checklist, which measures current activity as a proportion of prior activity. 89% of the sample reported good to excellent health, 5% needed assistance with routine needs. The mean score on the SF12 mental health scale = 54.25 and the physical health scale = 43.29. The sample scored high when compared to population norms, and had no significant declines in these variables over three years. However, increasing declines were reported in social activity (3% decline), instrumental activity (8% decline), low demand leisure activity (13% decline) and high demand leisure activity (19% decline). There was a significant decline by age (p=.027), with those 85 and older reporting the greatest declines in activity, particularly high demand leisure activity. Older adults show the greatest declines in activities with high physical demands. Patterns of activity may indicate early decline in otherwise healthy community-dwelling older adults.

VALIDATION OF A GERIATRIC FOOD BEHAVIOR INSTRUMENT: GFBI SCORES AND THEIR ASSOCIATION WITH SELECTED NUTRITION RISK INDICATORS

N.L. Fey-Yensan and C. English, Department of Food Science and Nutrition, University of Rhode Island, Kingston, RI 02881

The Geriatric Food Behavior Instrument (GFBI) has been demonstrated to measure eight valid and reliable constructs of food behavior. To strengthen the validity of the instrument, GFBI construct scores were then correlated with selected nutrition risk indicators external to the instrument. A sample of over 260 low income, community dwelling elders completed demographic, medical and dietary questionnaires, along with the GFBI. Significant differences ($\rho \leq 0.05$) in selected food behavior scores were detected related to gender, advanced chronological age, and marital status. Higher scores on the scales *Cooking Involvement and Interest* and *Healthful Food Practices* were positively associated with the intake of fiber and foods high vitamins A and C. High scores on the domain *Easy Alternatives to Cooking* were significantly associated with the use of canned and high fat, high sodium foods. BMI was negatively associated with *Controlled Eating*. These results provide evidence that GFBI constructs are logically associated with external indicators of dietary risk. This indicates the potential use of this instrument as a proxy measure of nutrition risk, and as a way to profile food behaviors of low income, community dwelling elders.

RELATIONSHIP OF EMOTIONAL AND PHYSICAL HEALTH IN A RURAL GERIATRIC POPULATION

S Dang, U Miami Sch Med, GRECC, Miami, FL 33125

There are few data in rural geriatric populations on the relationship between psychological and physical health. We administered a health-related survey based on the SF-36 questionnaire to all patients attending a Senior Wellness Day in rural Arkansas regarding their emotional and physical health. Data were analyzed by linear multiple regression. 119 patients, average age 66 (range 49-94), were studied. 41% were male, 59% female. Positive correlation was found between perceived health status score and emotional health. As perceived health status increased (health declined) by .63 points, a 1-point increase (decline in physical health) occurred in the perceived emotional heath score. The t-statistic for the calculated coefficient for the emotional health variable was 5.8 with a p-value of .001, evidence that emotional health significantly impacts perceived physical health at alpha = .05. The adjusted R^2 was .21, indicating that 21% of the variation in physical health was due to the combination of age, gender, and emotions, but age and gender explain only .08% of the variation in physical health. The positive correlation found between emotional well-being and perceived physical well-being in this rural geriatric population was similar to findings reported for persons in more urban settings. The important therapeutic implication of our study is that proper assessment and treatment of emotional health in this population may positively impact their physical well-being. Decreased emotional health can lead to physical disease, while physical disease can lead to depression. Detailed understanding of the cause-and-effect relationship of the physical and emotional domains will require longitudinal studies of populations.

FACTORS INFLUENCING THE USE OF COMPUTER TECNOLOGY IN THE COLLECTION OF CLINICAL DATA IN A PREDOMINANTLY AFRICAN-AMERICAN POPULATION

A.M. Izquierdo-Porrera M.D., R. Manchanda M.S., C.C. Powell M.S., J.D. Sorkin M.D., PhD., D.D. Bradham Dr.P.H. Claude D. Pepper Older Americans Independence Center (OAIC) and Geriatric Research, Education & Clinical Center (GRECC). 10 N Greene. Baltimore MD 21218. **Objective**. Our goal was to determine the cognitive and demographic factors that affect the time to complete a computerized CES-D by an African-American population and whether the paper and computerized CES-D scores would be significantly different. **Design**: Cross-sectional study, randomized assignment of test order. **Setting**: Health promotion study in a predominantly African-American church, the African-American Exercise and Nutrition (AMEN) project. **Subjects**: The 41 participants were 57 ± 14 (mean ± S.D) years of age [range 29 to 83], 40 (98%) were African-American. **Measurements**: Center for Epidemiological Studies Depression Scale (CES-D) was administered on 3 occasions (1 paper bubble form and 2 computerized forms). Mini-mental state exam, digit span (WAIS III), Letter-Number sequencing (WMS III), Word list learning test (CERAD), EXIT25, and CLOX tests were administered once. Computer experience and level of education were accessed by questionnaire. **Results**: There was no significant difference between the scores on the paper and computer CES-D. The time to complete the second computer administered CES-D was significantly shorter than the first time (56 sec. $p < 0.0001$). The time to complete the computer CES-D was correlated with: age ($r = 0.46$, $p = 0.002$), CES-D score ($r = 0.36$, $p = 0.02$), EXIT 25 ($r = 0.50$, $p = 0.0008$), Letter –number sequencing score ($r = -0.36$, $p = 0.02$), computer experience ($r = -0.58$, $p = 0.0001$), and education level ($r = -0.51$, $p = 0.0007$). We modeled the time taken to complete the CES-D using as predictor variables age, EXIT 25, letter-number sequencing score, computer experience and education level. The model was significant, $p = 0.006$ and explained 47 % of the variance. Computer experience was the only significant predictor of time to complete the computer CESD ($p = 0.008$) and it explained 15% of the variance. **Conclusions**. There is no significant difference in depression as accessed by paper or computer testing. Computer experience is the major determinant of time to complete the CESD. Age, education level, executive function, memory and attention were not significant predictors after controlling for computer experience. Thus older adults, given the same computer experience perform equally well as their younger counter parts.

DETECTING MILD MOBILITY PROBLEMS IN ELDERLY OUTPATIENTS. INQUIRIES ABOUT PAIN AND TASK MODIFICATION IN INDOOR WALKING

Z.M. Pine, B.J. Gurland, A.P. Sahay, J.A. Flores, M.M. Chren, UCSF Center on Aging, San Francisco, CA 94121 and Columbia University Stroud Center, NY, NY

Asking older patients whether they have difficulty walking may not detect mild mobility problems. Our goal was to develop more sensitive methods to detect early disability. As part of a case-management intervention to preserve independence in community-dwelling elders, we surveyed 311older persons (mean age 80 years) about difficulty walking indoors, pain walking indoors, and 6 potential types of task modification: using a device, using walls or furniture to help with walking, changing the home to make walking easier, using human assistance, walking more slowly, and walking less often. Elders were much more likely to report having modified their walking (63%), or pain with walking (17%) than they were to report difficulty walking (7%). Among elders who denied difficulty walking, those who reported any modification or had pain had worse overall health and worse global quality of life than those who denied modification and denied pain ($p < 0.05$%). Furthermore, among those without difficulty, those with modifications or pain were more likely to report other evidence of disability such as needing help for shopping and being limited in stair climbing (24% vs 5% and 76% vs 40%, respectively, $P < 0.05$). Inquiring about pain or task modification in walking reveals functional problems in a large proportion of elderly outpatients, and may be a more sensitive method for ascertaining mild disability than simply inquiring about difficulty walking.

LACK OF INTEREST IN TRADITIONAL END OF LIFE DISCUSSIONS AMONG BREAST CANCER PATIENTS.

J.R. Levin, School of Public Health; N.S. Wenger, Department of Medicine, UCLA, Los Angeles, CA 90095.

Experts suggest that physicians and patients should discuss preferences for care in advance of need but studies show that this occurs rarely. To understand discussions desired by patients with a terminal illness, we developed a survey and administered it to 58 women (mean age 58) with metastatic breast cancer. Most subjects reported metastases to bones, liver or lungs; 50% expected <3 years survival. Despite widespread disease, only 3 of the 53 women (5.7%) reported discussing traditional end of life care issues, citing good health (88%), fear of losing hope (33%) and inadequate emotional strength (25%) as reasons for avoiding discussion. Participants reported discussing a range of issues including the emotional burden of cancer (55%), prognosis (53%) and experimental treatments (69%), and desired more discussion about the plan in case treatments became ineffective (47%), alternative medicines (40%) and quality v. quantity of life trade offs in treatment choice (42%). But subjects desired to delay discussing traditional end of life topics until close to death: advance directives (44%), hospice (58%), resuscitation orders (63%) and palliative care (86%).

Discussions held and desired by women with incurable, metastatic breast cancer differ substantially from traditional end of life topics that they would delay until just before death. This paradigm of end of life decision making may help to explain the failure of interventions aimed at early discussions and suggests the need for alternative models to improve end of life care.

BEST PREDICTORS OF SAFE DRIVNG IN A CLINICAL ASSESSMENT OF OLDER DRIVERS

B. Kantor, L. Mauger, & C. Grover Office of Geriatrics, The Ohio State University, Columbus, Ohio 43210

The OSU Older Driver Evaluation Program (ODEP) is the longest ongoing study of community based persons from which information on functional abilities can be related to both driving restrictions and driving performance. The program consists of a comprehensive medical evaluation focused exclusively on older adults and their specific needs for continued mobility, independence, and safety. ODEP staff provide clients and their physicians with a valuable understanding of the client's driving skills, identifying problem areas and offering recommendations that may help the client continue to drive safely. From the 503 clients who had completed the evaluation program, a logistic regression model was developed for the following purposes: 1) to estimate the probability that an older adult is capable of driving safely and 2) to select, from the large number of variables collected on each subject, a parsimonious subset of variables that will consolidate the evaluation process and reduce the data collection effort that is currently necessary to make decisions on individual clients. Of 272 possible variables, the following variables were significant: stereo depth perception B, reaction time score, visual field examination, reading exam, Trail Making A test time, Trail Making B test time, and traffic sign test score. The area under the ROC curve was 89.0%, indicating that the model discriminated very well between subjects who were capable of driving and subjects who were incapable of driving. A goal of the evaluation program is to utilize the extensive database and related information to benefit other older adults with driving concerns as well as other programs and communities addressing similar concerns.

PREDICTORS OF PHYSICAL FUNCTIONING IN OLDER ADULTS: A STRUCTURAL EQUATION MODELING ANALYSIS

J. A. Bennett, San Diego State University, San Diego, CA 92182-4158, jbennett@mail.sdsu.edu A.L. Stewart, and J. Kayser-Jones, University of California San Francisco

The purpose of this study was to determine which personal and social characteristics were most likely to predict level of physical functioning in elders. Data were from the Community Healthy Activities Model Program for Seniors (CHAMPS). 225 medically stable participants, aged 65-90, were recruited from Medicare HMOs in 1996. A conceptual model of physical functioning was analyzed using Structural Equation Modeling. The model contained eight hypothesized predictor variables: pathology, obesity, age, gender, socioeconomic status, physical activity, pulmonary fitness, and symptoms. Three outcome variables in the model represented separate hypothesized aspects of functioning: 1. physical functioning measured by performance tests, 2. physical functioning measured by the physical functioning scale of the SF-36, and 3. activity participation measured by the SF-36 social functioning scale and the role limitations due to physical health problems scale. Results: The physical functioning and activity outcomes were each predicted by different groups of variables, supporting the hypothesis that the functioning outcome variables in the model represented different concepts. The strongest predictors in the model were presence of symptoms (pain, fatigue), pulmonary fitness, and physical activity.

LOWER EXTREMITY FUNCTION IN NON-DISABLED OLDER PERSONS AS A PREDICTOR OF SUBSEQUENT HOSPITALIZATIONS

BWJH Penninx, M Pahor, Sticht Center on Aging, Wake Forest University School of Medicine, Medical Center Boulevard, Winston-Salem NC 27157, L Ferrucci, S Leveille, T Rantanen, JM Guralnik, National Institute on Aging.

This study examines, in initially non-disabled older persons, the impact of reduced lower extremity function on subsequent hospitalizations for various diagnoses. A 4-year prospective cohort study was conducted among 3,381 non-disabled persons aged 71 years and older. Lower extremity performance was measured by an assessment of standing balance, a timed 2.4-m walk, and a timed test of rising from a chair 5 times. Data on subsequent hospital admissions and discharge diagnoses over 4 years were obtained from the Medicare database. During the follow-up period, non-disabled persons with poor lower extremity function spent significantly more days in the hospital (17.7 days) than those with intermediate and high performance (11.6 and 9.7 days). Poor lower extremity performance in non-disabled persons significantly predicted subsequent hospitalization over 4 years (relative risk for poor vs. high performance: 1.78; 95% confidence interval, 1.45-2.17). This increased hospitalization risk could not be explained by several indicators of baseline health status. Increased hospitalization risks were especially found for geriatric conditions such as dementia, decubitus ulcer, hip fractures, other fractures, pneumonia, dehydration and acute infections.

In sum, our results show that even in persons who are currently non-disabled, a simple measure of lower extremity function is predictive of subsequent hospitalization, especially for geriatric conditions.

ASSOCIATION BETWEEN OBJECTIVE PHYSICAL PERFORMANCE MEASURES AND PHYSICAL ACTIVITY LEVELS IN PATIENTS WITH AND WITHOUT PERIPHERAL ARTERIAL DISEASE.

MM McDermott, Department of Medicine, Northwestern University Medical School, Chicago, IL 60611, JM Guralnik, National Institute on Aging, Bethesda MD, 20892.

The EPESE summary performance score (SPS) measures lower extremity functioning and predicts mobility loss, nursing home placement, and mortality among older men and women. We report the association between the SPS and physical activity levels in patients with and without lower extremity peripheral arterial disease (PAD). **Methods**: 318 patients 55 and older were identified from three Chicago area hospitals. Of these, 230 had PAD. Participants were assigned a score from 0-4 (4 = best) for four-meter walking velocity, time for five chair rises, and standing balance tests, respectively. Scores were summed to obtain the EPESE SPS, ranging from 0 to 12. Participants wore an accelerometer continuously for seven days to measure physical activity. **Results**:

Age and sex-adjusted physical activity levels by SPS

	SPS=0-4	SPS=4-8	SPS=9-12	P value
PAD	532 kcals	694 kcals	958 kcals	<0.001
Non-PAD	440 kcals	882 kcals	1,295 kcals	<0.001

The positive, significant association between the SPS and physical activity levels was maintained in both PAD and non-PAD participants, even among participants without impaired mobility. **Conclusion**: Lower extremity functional limitations are strongly associated with decreased physical activity. Future study is necessary to determine whether previously demonstrated associations between a lower SPS and mobility loss are mediated in part by lower physical activity levels.

EFFE[illegible] RESIDENT ASSESSMENT INSTR[illegible] GAPS BETWEEN [illegible] AND NURSING CARE SUPPLY, [illegible] ALITY OF LIFE AND HEALTH STAT[illegible] NURSING HOME RESIDENTS IN THE NETHERLANDS

[illegible] van [illegible]
Netherlands Institute of Primary Health Care (NIVEL), [illegible] Utrecht, The Netherlands

[illegible] used instrument in the US to assess [illegible] and psychosocial needs and to improve [illegible] communication between the different disciplines. Several European countries also started to use the RAI. Results of previous studies into the effects of RAI were all based on non-controlled designs and did not focus on the patients' experiences and well-being. The purpose of this study was to evaluate the effects of the implementation of RAI in Dutch nursing homes in a controlled [illegible] design. Implementation of the RAI took place by educating the nurses in the use of the RAI. Nursing home residents (n=311) were interviewed prior to and after [illegible] months of the implementation. Nurses observed the health status. Perceived gaps between needs and nursing care supply decreased more strongly in the experimental group. No positive effects were found on perceived quality of life and health status. Apparently, the period between pre- and post-test was too short to measure an effect on quality of life and health status.

EYE MOTION & POSTURAL CONTROL IN HIGH-RISK ELDERS DURING A "STAND-WALK" TASK

R.P. Di Fabio, A. Emasithi, S. Paul, J.F. Greany, J.F. Wyman.
Department of Physical Medicine & Rehabilitation, and School of Nursing, University of Minnesota, Minneapolis, MN 55455

Recently developed theories on motor coordination have suggested that eye movements provide kinesthetic guidance for postural control. We are proposing that the coordination of eye and body motion forms the basis for postural stability during activities of daily living. The purpose of our study was to compare the covariance magnitude of eye, head, and trunk displacement between 2 groups of elders (71-92 years) during a stand-walk task. Fall risk was determined by a composite score for walk speed, body mass index, functional ability, fall and medication history. Subjects with a high risk of falling (HR, N=20) had significantly lower maximum covariance (MxCov) between vertical eye motion and trunk displacement compared with a low risk (LR, N=13) group (HR vs LR MxCov coefficient during vertical body translation, 0.56 ± 0.14 vs 0.68 ± 0.12; during body pitch, 0.54 ± 0.11 vs 0.66 ± 0.13). Discriminant analysis using vertical eye vs trunk MxCov during vertical and body pitch motions predicted the correct risk classification in 75% of HR and 85% of LR subjects. The results suggest that older persons at risk for falling have difficulty coordinating eye movement with body motion during standing and walking.

DEPENDENCE IN THE ACTIVITIES OF DAILY LIVING AND OUTCOMES IN HOSPITALIZED PATIENTS

M. Azharrudin, H.K. Kamel, A. S. Ali, A. Khan, J.E. Morley. Division of Geriatric Medicine, SLU School of Medicine, 1402 S. Grand, M238, St. Louis, MO 63104.

Objective: To determine if needing assistance with the activities of daily living (ADLS) prior to admission is related to outcomes in hospitalized patients.

Methods: A retrospective chart review study of a 1000 consecutive medical admissions to a university teaching hospital.

Results: Overall 20% of patients needed assistance with their ADLS prior to admission. This group of patients were more likely to have a lower admission albumin (3.5±0.6 vs 3.7±0.6, $p<0.001$), and a higher incidence of falls (16% vs 8%, $p<0.05$), delirium (34% vs. 6.8%, $p<0.001$), and dehydration, BUN/Cr ≥20, (33% vs. 21%, $p<0.005$). Dependence in the ADLS associated significantly with age (9% <65 years vs. 30% ≥65 years, $p<0.001$), race (18% Whites vs. 24% Blacks, $p<0.005$), and sex (15% male vs 25% female, $p<0.001$). Patients needing assistance with their ADLS had longer length of hospital stay (9±3days vs. 6±3 days, $p<0.001$), and greater in-hospital mortality (9% vs. 2%, $p<0.001$) compared to those not needing assistance with their ADLS.

Conclusion: Being dependent in the ADLS is associated with poor outcomes in hospitalized patients.

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Public Policy and the Politics of Old Age: Europe and North America

John Myles, Pepper Institute on Aging and Public Policy, Florida State University, Tallahassee, FL 32306-1121

PARTICIPANTS

Daniel Béland, (Raymond Aron Center for Political Research, University of Paris, 75006 Paris, France) Does Labor Matter? Institutions, Labor Unions and Social Security Reform in France and the United States
Jon Kvist (The Danish National Institute of Social Research, DK-1052 Copenhagen, Denmark) The Public-Private Interplay in Pensions: The Case of Denmark, Germany, the Netherlands, and the United Kingdom in the 20th Century
Jean-Philippe Viriot-Durandal (Sociology, Le Havre University, France) Senior lobbies in France: Two directions for an institutional integration
Steve Teles (Political Science, Brandeis University, Waltham MA 02454) The Irony of privatization: regulatory feedback and the limits of retrenchment
John Myles (Pepper Institute on Aging and Public Policy, Florida State University, Tallahassee, FL 32306-1121), U.S. Social Security reform in comparative perspective

Discussant: Robert Hudson (Social Work, Boston University, Boston, MA 02215)

Pension reform has been at the top of the policy agenda in all developed democracies since the 1980s and, by international standards, the pace of U.S. reform has been modest. The aim of this symposium is to situate U.S. developments within a comparative context by bringing together recent comparative analyses of both the politics of the reform process and their outcomes. Papers in this session will address the changing public/private mix and the role of senior's movements and labor unions in the reform process.

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ACTIVE: A CLINICAL TRIAL OF COGNITIVE TRAINING: CHALLENGES IN THE FIELD

K. Ball, Univ. of Alabama-Birmingham, and S. Tennstedt, New England Research Institutes, Watertown, MA 02472

PARTICIPANTS:

J. Jobe (National Institute on Aging) and K. Helmers (National Institute of Nursing Research) ACTIVE: Background and Trial Design

J. Morris, A. Rosenberg, R. Jones (HRCA, Boston) and D. Smith (Regenstrief Institute, Indiana U. Sch. of Med.) Sample Characteristics of the ACTIVE Study Participants

J. McKenzie (Pennsylvania St. U.), A. Horgas (Wayne State U.), C. Owsley, (Univ. of Alabama-Birmingham), L. Talbot, (Johns Hopkins U.), and B. Hudson, (Regenstrief Inst., Indiana U.) ACTIVE Trial Recruitment Strategies

G. Rebok (Johns Hopkins U.), S. Willis (Pennsylvania St. U.), and K. Ball (U. of Alabama-Birmingham) Implementation of Multiple Multisite Cognitive Interventions in the ACTIVE Trial

S. McDermott and S. Tennstedt (New England Research Insitutes) Controlling Data Quality in the ACTIVE Trial

M. Marsiske (Wayne State U.), K. Kleinman (New England Research Institutes), K. Ball, and M. Sloane (Univ. of Alabama-Birmingham) Development of Outcome Composites in ACTIVE

ACTIVE is a single-blind randomized controlled trial of cognitive training interventions to investigate whether training in memory, reasoning, and speed of processing enhances performance on these cognitive abilities and reduces loss of independence in cognitive activities of daily living. The trial is being conducted with community-residing elders aged 65 and over at six sites. Each site has used a different recruitment strategy to yield a diverse sample in terms of race, socioeconomic, and cognitive characteristics. Subject enrollment, baseline measurements, and training have been completed. Booster training and annual follow-up testing are in process. The trial design has produced several challenges. Following an overview of the trial and the baseline characteristics of the 2832 participants, presentations will highlight these challenges, including a description of the various recruitment strategies and recruitment outcomes at each of the field sites; the challenges of implementing multiple, multi-site interventions; the quality control procedures designed to ensure uniform and consistent administration of the research protocols and procedures within and across the six sites; and methods for development of composite measures for the cognitive abilities and areas of daily function.

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LANGUAGE AND COMMUNICATION IN CHALLENGING CONTEXTS

P. A. Saunders, Linguistics Department, Georgetown University, Washington, DC 20057

PARTICIPANTS

M. Y. Savundranayagam (Gerontology Center, University of Kansas, Lawrence, KS 66045) Personhood: A Priority for Effective Communication with Persons with Dementia

P.A. Saunders, (Linguistics Department, Georgetown University, Washington, DC 20057) Companion Talk in Clinical Interviews with Older Adults

A.J. Young, J. Plowman (GRECC, VA Pittsburgh Healthcare System, University Drive C, Pittsburgh, PA 15240) A Study of Communication in Preparing and Understanding Advance Directives

L. C. McGuire, S. Beran, J. Blaskewicz, A. D. Morian (Department of Psychology, Slippery Rock University, Slippery Rock, PA 16057) Younger and Older Patients' Perceptions of Elderspeak in a Medical Consultation

E.B. Ryan, S. Bajorek, A. Anas, M. Beamer (Gerontological Studies and Psychiatry, McMaster University, Hamilton, ON L8S 4M4) Visually Impaired Seniors: Coping with Reading as a Threatened Communication Skill

DISCUSSANTS:

G. L. Wergowske (University of Hawaii, Department of Geriatrics, Honolulu, HI 96817)

Language and communication continue to be central factors in understanding how older people function in an increasingly complex world. This symposium brings together papers from a range of fields including psychology, gerontology, and linguistics to examine how older adults function in the face of communicatively challenging situations. Papers examine the language, communication, and perceptions of younger and older individuals from ethnographic and experimental approaches. The challenging contexts examined include reading, comprehension of information regarding advance directives, navigating clinical interviews, remembering information, and reading. These challenging contexts are complicated by the individual's physical and mental abilities such as visual impairment and dementia. From a multidisciplinary framework, the objective of this symposium is to understand the part that language and communication play in the challenging situations faced by older individuals in everyday life.

This symposium has implications for improving the lives of older adults through a better understanding of how language and communication function to shape social identity and social interaction.

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THE JOHN A. HARTFORD FOUNDATION GERIATRIC INTERDISCIPLINARY TEAM TRAINING PROGRAM: NEW FINDING.

Terry Fulmer, New York University, 429 Shimkin, 50 West 4th St., New York, NY 10012

PARTICIPANTS:

S. Moore (Case Western Reserve University, Cleveland, OH), N. Whitelaw (Henry Ford Health System, Detroit, MI), D. Bass (Benjamin Rose Institute, Cleveland, OH) Effects Of Team Training On Preceptors' Attitudes and Knowledge About Team Care.

J. L. Howe (Mount Sinai School of Medicine, New York, NY), K. Hyer & G. Paveza, (Univ. of South Florida, Tampa, FL) Replicating GITT in Health Care Settings for Social Workers.

E. Flaherty (New York University, NY, NY), N. Wilson, (Baylor College of Medicine, Houston, TX), S. Fairchild (New York University, NY, NY) How are Nurses, Physicians and Social Workers Responding to Ineffective Team Behaviors on Geriatric Interdisciplinary Teams After Team Training?

S. K. Rothschild, (Rush-Presbyterian-St Luke's

Medical Center, Chicago, IL); R. Burck, (Program in Ethics & Ethics Consultation Service, Chicago, IL) Impact of Locus of Care on Ethical Conundrums Facing Teams.

The John A. Hartford Foundation Geriatric Interdisciplinary Team Training (GITT) Program, now in its fourth year, has trained over 1800 nurses, physicians, social workers, and allied health professionals. Core measures have been a key component to understanding the experience across the eight national projects. Project sites include The Great Lakes GITT, Houston, Mt. Sinai, On Lok, Rush-Presbyterian, University of Colorado, University of Minnesota, and the University of South Florida. The abstracts presented will report data from four major themes in the GITT program: ethics, team models, effective teaming behaviors, and social work training

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SHARED LIVES AND SHARED EXPERIENCES: OLDER COUPLES COPING WITH CHRONIC ILLNESS AND DISABILITY.

M.A.P. Stephens, Department of Psychology, Kent State University, Kent, OH 44242-0001.

PARTICIPANTS:

M.M. Franks, T.B. Hong, L.S. Pierce, L. Parker (Institute of Gerontology, Wayne State University, Detroit, Michigan) Couples and Heart-related Illness: Congruity in Partners' Independent Health Appraisals

C.R. Goodman, R.A. Shippy (Lighthouse International, New York, NY) A Common Understanding? The Extent of Congruence among Couples Dealing with Vision Loss

J.A. Druley (Cleveland State University, Cleveland, OH), M.A.P. Stephens (Kent State University, Kent, OH), L.M. Martire (University of Pittsburgh, Pittsburgh, PA), W.C. Wojno (Crystal Arthritis Center, Akron, OH) Older Couples Coping with Wives' OA

L.M. Martire, R. Schulz, C.F. Reynolds, T.W. Starz (University of Pittsburgh, Pittsburgh, PA) Enhancing Spousal Support in Older Couples Coping with Wives' Osteoarthritis

DISCUSSANT:

B. Silverstone (Lighthouse International, New York, NY)

Most research on health and aging has focused either on the effects of chronic illness and disability on the impaired older adult (patient), or on his/her family caregiver (most often the spouse). In contrast, papers in this symposium take a dyadic approach and examine the simultaneous effects of illness and disability on married couples (i.e., patients and caregivers). Papers include a variety of health conditions prevalent in late life (heart disease, vision loss, arthritis), and all include both patients and spouses as study participants. Papers by Franks and Goodman investigate shared perceptions of partners regarding patients' health status and the quality of support provided by the spouse. The paper by Druley focuses on the effects of spouses' problematic support on patients' psychological adjustment. The paper by Martire reports results of a randomized study demonstrating the enhancement of patient education outcomes by including spouses as program participants.

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ASSESSMENT OF DOCTOR-ELDERLY PATIENT ENCOUNTERS

M. Hurwicz, Gerontology Program, Univ. of Missouri, St. Louis, MO 63121 &

M.A. Cook, JVC Radiology and Medical Analysis, LLC, 6319 Alexander Drive, St. Louis, MO 63105.

PARTICIPANTS:

M. Hurwicz (Univ. of Missouri, St. Louis, MO 63121) An Archive of Videotaped Doctor-Elderly Patient Interactions: An Introduction.

M.A. Cook (JVC Radiology and Medical Analysis, LLC, St. Louis, MO 63105) & E. Wolinsky (School of Public Health, Saint Louis Univ., St. Louis, MO 63103) Adept: An Instrument for Assessing Doctor-Elderly Patient Interactions.

M.G. Greene (Department of Health and Nutrition Sciences, Brooklyn College, Brooklyn, NY 11210) & R.D. Adelman (Div. of Geriatrics & Gerontology, Cornell Univ., NY 10021) Multi-Dimensional Interaction Analysis (MDIA) System Assessment of Physician-Older Patient Communication

D. Roter (Johns Hopkins School of Public Health, Baltimore, MD 21205) Insights into Communication of Doctors and their Older Patients through Digital Video Analysis

DISCUSSANT:

M. Railey (Saint Louis Univ. School of Medicine, St. Louis, MO 63104)

Assessment of Doctor-Elderly Patient Encounters is a research project funded by the National Institute on Aging for the development of ADEPT, an instrument for assessing doctor-elderly patient interactions. The purpose of this symposium is 1) to describe the archive of 450 videotapes of doctor-elderly patient interactions available to researchers established as part of this project; 2) using one videotaped interaction of doctor and older adult, to compare ADEPT to other instruments available for analyzing doctor-elderly patient interactions (Multi-Dimensional Interaction Analysis, and Roter Interaction Analysis System); 3) to discuss applications of the findings from the use of these instruments to medical education and clinical practice.

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MOVING BEYOND BASIC RESEARCH IN FAMILY GERONTOLOGY: APPLICATIONS AND INTERVENTIONS

J. Sandberg, Family Therapy Programs, Syracuse University, Syracuse, NY 13244.

PARTICIPANTS:

R. Blieszner, K.A. Roberto, K.R. Allen (Dept. of Human Development, Virginia Polytechnic Institute and State University, Blacksburg, VA 24061). Resources for Research, Policy, Practice, and Education in Family Gerontology.

S.H. Qualls (Psychology Dept., CU-Colo. Spgs., Colo. Spgs. CO 80933). Families and Ethics in Late Life Decisions.

A.C. Taylor (Dept. of Child and Family Studies, Syracuse University, Syracuse, NY 13244). Applying Family Life Education Programming to Adult Development and Aging Issues.

V.B. Mitrani (Dept. of Psychiatry and Behavioral Sciences, University of Miami School of Medicine, Miami, FL 33136). Adapting a Family Based Intervention for Elder Caregiver Families.

DISCUSSANT:

S.H. Zarit (The Gerontology Center, Penn. State University, University Park, PA 16802).

The last decade has seen a substantial increase in the number of publications relating to family issues and aging. This increase represents a growing scholastic awareness of the primary context of aging, the family. However, there remains little written in the field of gerontology about how to apply the family literature. The purpose of this symposium is two fold: first, to further encourage academicians, health care providers, and educators to focus on vital family issues in their work with older adults, and second, to expand their focus to include practical, family based services. Therefore, the presentations in the symposium highlight practical applications and propose future research and programming that moves beyond basic family gerontology research. In addition to providing a comprehensive, multi-disciplinary review of the family gerontology literature, the symposium will also address issues such as family based decision making in late life, family based educational programs, and family therapy treatment in later life. And finally, the choice of the symposium format was to provide a venue for GSA members who are interested in families and aging issues to gather and build networks.

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Co-Morbidity and Health-Related Quality of Life (HR-QoL) Among American Indian and Alaska Native (AIAN) Elderly.

R. T. Goins, West Virginia University, Center on Aging, P.O. Box 9127, Morgantown, WV 26506
Catherine Hennessy & Clark Denny, CDC, 4770 Buford Highway, NE, Atlanta, GA

The AIAN elderly population is expected to increase by 150% between 1998 and 2030 compared to 79% of the white elderly population. The nation's goal to increase the span of healthy life for Americans put forward in Healthy People 2010 includes not only prevention of disability and disease, but also enhancement of the quality of life. However, the mere presence of a chronic disease tells us little about its implications for quality of life. It is assumed that co-morbidity puts a special burden on older AIANs by affecting their overall well-being. There has been little work to systematically evaluate the prevalence and impact of co-morbidity in community-dwelling representative older AIAN populations. Using aggregated data from the 1995-1998 Behavioral Risk Factor Surveillance System, findings will be presented that examine the patterns of co-morbidity with hypertension, diabetes, obesity, stroke, and heart attack, and their relationship to HR-QoL between AIANs (n=1,941) and whites 50+ years. Data suggest that AIANs are more likely to experience co-morbidity than their white counterparts. The effects of age, gender, and SES on the relationship between co-morbidity and HR-QoL will also be presented.

Race and Subjective Health Among Elders: Have Recent Gains Been Equally Shared Within the Population? J.D. Weeks and J.R. Kahn, National Center for Health Statistics, 6525 Belcrest Rd. Rm. 730, Hyattsville, MD 20782

In recent years, more and more studies have documented improvements in the health and physical functioning of older Americans. Indeed, our most recent results suggest that elders in the 1990s perceive their health to be better on average than did elders in the 1980s. What is less clear, however, is whether this improvement was experienced by all subgroups of society, especially by racial minorities who tend to have poorer health statuses and outcomes than majority whites.

In this paper, we focus on race and ethnic differences in subjective health and ask whether overall gains in subjective health among the elderly have been equally shared or have some subgroups benefitted more than others? We know from prior research that self-ratings of health depend in large part on the functional limitations associated with chronic and acute health conditions. Therefore, we also ask whether chronic conditions have the same the disabling effects on the health status of different racial subgroups.

We address these questions using data on two cohorts of elders (ages 70+) interviewed as part of the first and second Supplements on Aging conducted in 1984 and 1995, respectively. Preliminary results suggest that minorities have experienced substantial improvements in self-rated health, though they continue to report worse levels than do majority whites. Multivariate analyses explore those factors associated with inequities in global health ratings, with special focus on the differing effects of chronic conditions and functional limitations.

HOROMONE REPLACEMENT THERAPY AND COGNITION IN POSTMENOPAUSAL LATINAS

R.A. Whitmer, M.N. Haan Center for Aging and Health, University of California, Davis, CA 95616

Although Latinas are the fastest growing segment of the elderly population little is known about factors contributing to their cognitive and health status. Cognitive impairment and dementia are highly prevalent in older women and may be prevented by the use of hormone replacement therapy (HRT). The purpose of the present study was to examine the prevalence of HRT use in a sample of Latinas and to explore its possible association with a cognitive screening test. In a observational cohort sample of 1039 Latinas aged sixty and above we identified factors associated with HRT use. Twenty-two percent of the women were on HRT, while ninety-eight percent of those on HRT were on unopposed estrogen. Women ages 60-69, born in the US, with at least 7 years of schooling, and with medical insurance, were more likely to be on HRT ($p<.0001$) than those above age 69, born in Mexico, with less than 7 years of schooling, and without medical insurance. Multiple regression models revealed that women on HRT had significantly fewer depressive symptoms ($p<.0353$), lower acculturation scores ($p<.0001$), higher Modified Minimental Status scores ($p<.0001$), higher high density lipids ($p<.0001$), lower low density lipids ($p<.0001$), and were less likely to have had a previous stroke (OR .66, CI -.98-.15) than those not on HRT. In a regression model adjusted for age, income, education, depression and acculturation, HRT use was still associated with higher Modified Minimental Scores ($p<.0001$), but the effect was reduced from a five point to a two point difference. The association between HRT and cognition is explained in part by sociocultural and demographic factors. The possible role of estrogen on cognitive performance needs to be considered in the context of cultural factors when examining HRT use in a observational cohort.

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PREDICTORS OF SOCIAL SUPPORT, ACCEPTANCE, HEALTH-PROMOTING BEHAVIORS, AND GLYCEMIC CONTROL IN AFRICAN-AMERICANS WITH TYPE 2 DIABETES

[1]P. E. McDonald, [1]M. L. Wykle, [2]R. Misra, [3]N. Suwonnaroop, [1]C. J. Burant. [1]Case Western Reserve University, Cleveland, OH., [2]Ohio University, Athens, OH., [3]Mahidol University, Bangkoknoi, Bangkok

This study explored the relationships among personal factors (education and co-morbidity), mental health, and physical functioning on social support, the impact of social support on acceptance and health-promoting behaviors, the impact of acceptance on health-promoting behaviors, and finally the influence of health-promoting behaviors on HgbA_{1c} in African Americans with type 2 diabetes. The study's theoretical underpinning was derived from Pender's health promotion model and Fishbein and Ajzen's theory of reasoned action. Face-to-face interviews were conducted on a convenience sample of 63 African Americans with type 2 diabetes from a community clinic. Participants were asked their highest level of education and to indicate their chronic conditions from a medical checklist. The Health Survey (SF-36), Personal Resource Questionnaire (PRQ-85), Revised (IAD-R) scale (Acceptance), and Health-Promoting Lifestyle Profile II were also used. Glycemic control was measured using glycosylated hemoglobin. Multiple regression revealed that physical functioning was the only significant predictor of social support ($\beta = .30$, $p = .03$). In turn, social support determined acceptance ($\beta = .32$, $p = .01$) and health behaviors ($\beta = .39$, $p = .002$). Surprisingly, acceptance failed to predict health behaviors, nor did health behaviors determine HgbA_{1c} levels. Implications for further research and practice will be presented.

LACK OF CANCER SCREENING AND RELATED FACTORS AMONG OLDER MEXICAN AMERICAN WOMEN: RESULTS FROM HISPANIC EPESE SURVEY

Z.H.Wu, Ph.D.,[1] S. Black, Ph.D.[1], K. Markides, Ph.D[2]. [1]: Sealy Center on Aging; [2]: Department of Preventive Medicine and Community Health. University of Texas Medical Branch, Galveston, Texas 77555-0860

This study identifies patterns of never use of mammogram or Papanicolaou (Pap) test and related factors among Mexican American women aged 67 and over. Data is used from the EPESE survey, a cohort study of 3,050 community-dwelling Mexican Americans aged 65 years or over from Texas, Colorado, New Mexico, Arizona, and California, with 1,423 older female respondents who completed in-home face-to-face interviews either in Spanish or English. Mexican American women aged 80 and older were more likely to have never had breast or cervical screening than the women aged 67 to 79. Overall, medical factors including the number of medical conditions, cognitive functioning and history of hysterectomy were found to be associated with never use of both mammograms and Pap tests. The lack of insurance coverage and a low frequency of doctor visits were found predictive of never use of a mammogram, whereas lower levels of education and lower levels of acculturation were found to predict the never use of a Pap test. In summary, the importance of basic demographics, medical factors, and cultural characteristics differs from mammogram screening versus Pap test screening, and also differs by age.

COMMUNITY DELCINE IN HARLEM: ELDERLY HEALTH AND THE

Watkins, Beverly Xaviera Columbia Center for the Active Life of Minority Elders (CALME), and NIA-funded Resource Center for Minority Aging Research and the Department of History. 622 W 168th St., VC2-205 New York, NY 10032

Neighborhood degeneration increases the risk of physical and mental health problems among the elderly. Studies have repeatedly demonstrated that the built environment exerts both direct and indirect impacts on elderly health and well-being. We conducted a study to explore the relationship between community decline and elderly health and well-being in Central Harlem. It has the following specific aims: 1) to qualitatively examine the connection between the destruction of the physical and social habitat and the ill health of older people in Harlem using extended life history accounts; 2) to validate and verify the life-history data of elderly Harlem residents using standard historical methods for use in deprived communities. We found that there is contemporaneously destruction of the habitat and ill health of the people who live in the community; personal, domestic, and community social networks have been disrupted; in the absence of social networks undesirable and illicit activity increases; and drug related crime undermines health and increases social isolation. We concluded that the elderly are particularly at risk in an environment of physical and social decay.

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ASSESSING TRENDS IN HEALTHY AGING USING AN AUTOMATED DATA WAREHOUSE

E. A. Kramarow, Y. Gorina, H.R. Lentzner National Center for Health Statistics, U.S. Centers for Disease Control and Prevention, 6525 Belcrest Road, Room 790, Hyattsville, MD 20782

"Trends in Health and Aging" is an automated data warehouse providing up-to-date trend data on health behaviors, health status, health care utilization and cost of illness for the elderly population in the United States. The "on-line " warehouse has been developed by the National Center for Health Statistics (NCHS), in collaboration with the National Institutes on Aging. It offers researchers access to the basic data needed for analytic projects, and offers policy and program analysts critical information for decision-making. This poster provides a brief introduction to the data warehouse, outlining the modest computer resources needed to access the archive. It identifies key measures available, including population distribution, mortality, morbidity, and disability, utilization (hospital discharge, nursing home, home health care), and health behaviors. The poster shows how data from the warehouse can be used to look at trends in diabetes mellitus among elderly women. Data sources for this example are Vital Statistics, the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Surveys (NHANES), Hospital Discharge and Nursing Home Surveys, and the Behavioral Risk Factor Surveillance System (BRFSS) among others. Our cross-data system results show that diabetes is a growing health problem that may well pose even more serious challenges to the health care system as the population ages. The value of the warehouse as a tool for either quickly answering data needs or framing important epidemiologic issues will be illustrated in this example.

THE EFFECT OF COPING PATTERNS ON CHANGE IN ADAPTATION TO VISION LOSS

D. Benn, & J.P. Reinhardt,
Lighthouse International, New York, NY 10022

There is limited but consistent evidence that coping efforts are significant predictors of adaptation to vision loss. Using data collected for a larger, longitudinal study, this study (N=406) examined the effect of patterns of coping on change in adaptation in vision impaired elders (6 months after baseline). Participants responded to several measures including single-item indicators of coping strategies and three outcome measures of adaptation (life satisfaction, depressive symptoms, and adaptation to vision loss). For each strategy, three dummy variables were created to indicate: used strategy only initially at baseline, used strategy only concurrently at follow-up, and continued use of strategy (used at both baseline and follow-up). Results from three 4-step hierarchical regressions indicated that coping patterns significantly predicted change in adaptation after controlling for status on baseline outcome variables, demographics, and health/vision/ functional disability. In general, use of wishfulness at any time was related to a decline in adaptation at follow-up. Concurrent and continued use of acceptance predicted a decline in depressive symptoms. For intrapsychic coping, continued use predicted an increase in life satisfaction, yet concurrent use predicted an increase in depressive symptoms. These findings suggest that the pattern of use over time for a given strategy has implications for adaptation. *(Funded by NIMH)*

THE PREVALENCE OF CHARLES BONNET SYNDROME IN PATIENTS WITH VISION LOSS, AND THE NATURE OF THEIR PHANTOM IMAGES

L. G. Mogk, A. Riddering, D. Dahl, C. Bruce, S. Brafford, Visual Rehabilitation and Research Center, Henry Ford Health System, 15401 E Jefferson, Grosse Pointe, MI 48230, W. Kindred, U. of Maine/Fort Kent

Charles Bonnet Syndrome (CBS) is the occurrence of repetitive unreal images to people of normal mentation but poor vision, thought to be analogous to phantom pain. Thirty percent of Caucasian Americans now develop age-related macular degeneration (ARMD) by age 75 and it steals the central vision of 200,000 per year. The purpose of this study was to ascertain the prevalence of Charles Bonnet Syndrome in patients with vision loss and to discover the content of their images. Eighty seven subjects with low vision were asked whether they saw repetitive unreal images, and those who admitted to them were asked to describe and draw these phantom images, after being reassured of the association of CBS with low vision not mental disturbance. The prevalence of CBS was 19.5%, suggesting that many thousands of patients over 65 have CBS. The array of colorful images of people, animals, flowers, and patterns reported and drawn by patients were captured on slides.

THE EFFECTS OF AGE AND CAUSAL ATTRIBUTION TO AGING ON HEALTH BEHAVIORS RELATED TO INCONTINENCE

Julie L. Locher, K.L. Burgio, P.S. Goode, D.L. Roth. Department of Medicine, University of Alabama at Birmingham, Birmingham, AL 35233

The purpose of this study was to assess the effects of age and patients' attribution to aging on previous treatment and self-management strategies for incontinence. Participants in this study were 74 women who sought treatment for urinary incontinence at a multi-disciplinary continence program. Participants underwent a face-to-face in-depth structured interview. The mean age of participants was 65.9 (s.d.=7.8); and 58.1% of participants attributed their incontinence to aging. Using logistic regression and controlling for the age at which incontinence began, the duration and severity of incontinence, restriction of activities caused by incontinence, whether patients were disturbed by their incontinence, and how confident patients were that they would improve with current treatment, neither age or attribution to aging of incontinence was associated with previous treatment seeking. Using multiple regression and controlling for the same variables, decreased age tended to be associated with the total number of self-management strategies adopted by patients (p=.08); and attribution to aging was not associated. However, whether leakage restricted one's activity level was significantly related to the number of self-management strategies adopted by patients (p=.005). The results of this study suggest that age is only slightly associated with health behaviors related to incontinence. The more important factor contributing to health-related behaviors associated with incontinence is how restricted one feels in carrying out day-to-day activities.

"YOUNG OLD" AND "OLD OLD" POOR SLEEPERS WITH AND WITHOUT INSOMNIA COMPLAINTS

C.S. McCrae, N.M. Wilson, K.L. Lichstein, H.H. Durrence, D.J. Taylor, A.J. Bush*, B.W. Riedel, The University of Memphis, *University of Tennessee, Memphis, TN

Increasing age is associated with both poor sleep (Morgan, 1999) and increased sleep complaints (Ganguli et al., 1996). Although sleep complaints typically predict poor sleep, a large number of older poor sleepers do not complain of insomnia (Fichten et al., 1995). The present study examined differences in young old (65-74 years) and old old (age 75+) poor sleepers with and without insomnia complaints. We collected 2 weeks of sleep diaries and other sleep-related variables from 202 community dwelling elderly. For the young old (n = 119), 45.4% were identified as good sleepers, 24.4% as poor sleepers with insomnia complaints, and 30.2% as poor sleepers without insomnia complaints. For the old old (n=83), 24.1% were identified as good sleepers, 51.8% as poor sleepers with insomnia complaints, and 24.1% as poor sleepers without insomnia complaints. In both age groups, poor sleepers without insomnia complaints rated their sleep quality better, awoke less at night, and took less time to fall asleep than complainers. There were no differences in the young old on any of the measures collected. Old old noncomplaining poor sleepers, however, reported less anxiety than old old complainers. Our finding of less disturbed sleep patterns in noncomplaining poor sleepers than in complaining poor sleepers is particularly interesting given Fichten et al.'s finding of only minimal differences between these two groups. Overall, our findings suggest the distinction between young old and old old in research on sleep and aging is an important one.

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SELF-RATED HEALTH, SYMPTOMS, & AFFECTS IN ELDERLY END-STAGE RENAL DISEASE PATIENTS

L. Winter, Thomas Jefferson University, Philadelphia, PA. 19107 & T. Harralson, U. of Penn., Philadelphia, PA. 19104

Self-rated health (SRH) is an important predictor of mortality and disability, but little is understood about what factors influence SRH. The present research explored self-rated health in relation to symptoms and affects in a sample of 58 elderly end-stage renal disease (ESRD) patients undergoing hemodialysis – a chronically ill group experiencing labile symptomatology. Once a week for at least 4 weeks subjects completed affect scales (5 positive, 5 negative) and a 13-item symptom checklist. In a multiple regression analysis, SRH was examined as a function of positive and negative affect and number of symptoms and also ***change*** in affects and symptoms from the previous day. The largest predictor of SRH was found to be positive affect (β=.43), followed by negative affect (β=-.32), symptoms (β=-.26), increase in positive affect from previous day (β=-.21) and decrease in negative affect from previous day (β=.18). Results are discussed in terms of the relative importance of affect, especially positive, in the SRH of chronically ill elders. (Grant #NIMH 52129-06)

PAIN IN THE POPULATION: AGE AND GENDER TRENDS OVER 23 YEARS

MG Parker, K Ahacic, Dept. of Social Work, Stockholm University, 106 91 Stockholm, Sweden.

Pain indicates both underlying health problems and quality of life. Representative samples (n=5400) of the Swedish population aged 18 to 75 were interviewed in 1968, 1974, 1982, and 1991. Pain items included headache, stomach ache, joint pain, back or ischial pain, and shoulder pain. Headache was the most commonly reported pain, stomach ache the most seldom. The overall prevalence of reported pain in the population has increased over time. However, increases were least noticeable in the oldest age groups. Correlation with age differs for different types of pain: headache and stomach ache decrease with age, while backache, joint and shoulder pain increase with age. Women of all ages reported more pain than men, with the greatest gender difference found for shoulder pain. Gender differences are most noticeable in the older age groups, especially for joint and back pain.

EXPERIENCE AND BELIEFS ABOUT ARTHRITIS BY URBAN AMERICAN INDIANS

B.J. Kramer, J.O. Harker, A.L. Wong, UCLA School of Medicine & Sepulveda GRECC (11E), VA Greater Los Angeles Healthcare System, Sepulveda, CA 91343

Our previous research found that arthritis is the strongest predictor of the unexpected high frequency of pain self-reports by American Indians on national-level databases. This project conducted in-depth interviews with urban community-dwelling American Indians with join paint (n=45). Topics included attitudes and beliefs about arthritis, coping strategies, communications about pain, pain descriptors and standard arthritis measures, including the Health Assessment Questionnaire (HAQ), pain scales, tender and swollen joint counts. Responses were grouped into inflammatory, non-inflammatory and musculo-skeletal pain. Of persons with joint disease, 85% consulted a physician about moderate to severe joint pain and experienced disability as measured by HAQ and impaired quality of life. Prescription medication was associated with total tender joints and a median of 14 tender joints (1-way ANOVA, p=0.026) but not with pain intensity, disability or disease group. Most American Indians believed that arthritis is not a normal part of aging. The most common coping strategy was to "endure" daily pain. Preliminary data suggests that joint pain may be under-treated in this population.

A NURSE-RUN TELEPHONE SELF-MANAGEMENT PROGRAM FOR OLDER ADULTS WITH OSTEOARTHRITIS (OA): A PILOT STUDY

C.E. Blixen, J.P. Hammel, Departments of General Internal Medicine and Biostatistics and Epidemiology, The Cleveland Clinic Foundation, Cleveland, OH 44195

There is evidence that substituting clinician initiated telephone calls (telephone care) for some clinic visits in older patients with chronic diseases improves patient outcomes and reduces costs. The purpose of the present study was to assess the feasibility of implementing a nurse-run telephone self-management program for older adults with OA and obtain baseline and follow-up data on variables intended for a larger study. A consecutive sample of 32 older adults with OA were recruited from rheumatology clinics at 2 medical centers and randomized to a control or intervention group. The intervention consisted of 6-weekly mailings of OA self-management modules containing information on OA-related subjects followed by 6-weekly telephone reinforcement sessions with an advanced practice nurse (APN). Structured telephone interviews were used to collect outcome data at baseline, 3 & 6 months. The study proved feasible to implement and the program was well accepted by those in the intervention group. We observed conclusive 3-month improvement in the intervention group in self-efficacy, pain, and functional status, as well as trends toward improvement in overall health status and OA management behaviors. The control group also experienced trends toward improvement, though its only statistically conclusive improvement was in depression, which was shared by the intervention group. The observed 3-month improvements consistently tended to level off by the 6-month period. In order to maintain the trend in improvement beyond the 3-month period in the larger trial, active, sustained follow-up after completion of the program will be instituted in the intervention group.

USE OF SPACED-RETRIEVAL TO OVERCOME MEMORY DEFICITS IN HIV+ OLDER ADULTS

M. M. Lee & C. J. Camp
Myers Research Institute, Menorah Park Center for Senior Living, 27100 Cedar Rd., Beachwood, OH 44122

The purpose of this study is to demonstrate the effectiveness of a memory training technique in older adults with HIV. In two case studies, older adults with HIV were trained to remember new verbal and motor associations using a therapy approach called spaced-retrieval (SR). SR is a shaping paradigm that enables persons with memory deficits to learn and retain new associations over clinically meaningful time frames (days, weeks, and months). This is accomplished by enabling individuals to successfully remember information by practicing it over progressively longer time intervals. In this study, SR was used to teach two novel tasks to two HIV+ older persons with memory deficits. One task involved remembering the first and last name of a previously unknown individual. The other required executing a 3-step response that included motor and verbal components. Ability to successfully perform these tasks was maintained over a period of up to two weeks. Results indicate that SR may be an effective therapeutic technique for addressing memory deficits in older adults with HIV. BSS-10

"HEART TROUBLE," SOCIAL SUPPORT, AND RELIGIOUS INVOLVEMENT

H.L. Connors & E.H. Thompson, Holy Cross College, Worcester, MA, 01610

Studies document a relationship between religiosity and health status, and some have found that religious involvement reduces the risk of morbidity and mortality in coronary disease (Oxman, Freeman, & Manheimer, 1995). Epidemiologic studies of religion have restricted religious involvement to measures of participation or prayer. No study has examined the religious motivation of elders with cardiac health problems. In this study measures of ends, means, and quest religious motivation, intrinsic and extrinsic religious orientation, and formal and informal religious participation were administered to 342 older adults living independently in Worcester, MA. Comparisons between the 81 elders who reported "heart trouble" and the larger sample reveal an unanticipated pattern of religious involvement. Those with cardiac health problems were less intrinsically oriented ($p < .05$) than other elders, and they were more extrinsically oriented ($p < .005$) as well as questing ($p < .05$). A series of hierarchical linear regression analyses that controlled for social support and status variables show the elders with heart trouble are ends motivated and dealing with religious questions. Batson suggests an individual who approaches religion in this way is honestly facing existential questions. These findings serve as a warning that elders with "heart trouble" may be questioning their faith and not seek religious agents as support. They also underscore the importance of investigating specific illnesses and no longer anticipating a single relationship between health status and religious involvement.

THE EFFECTS OF SOCIAL SUPPORT ON THE HEALTH AND FUNCTIONING OF OLDER WOMEN WITH HEART DISEASE

M.R. Janevic, N.K. Janz, J.A. Dodge, X. Lin, Y. Wang, B.R. Sinco, N.M. Clark, Dept. of Health Behavior and Health Education, University of Michigan School of Public Health, Ann Arbor, MI 48109

Women with heart disease are more likely to experience physical and psychosocial impairment than their male counterparts and are at greater risk for social isolation. However, few studies have assessed the longitudinal health effects of social support among large samples of older female cardiac patients. As part of a study to evaluate the effectiveness of a self-management program for women aged 60 and over with heart disease ("Women take PRIDE"), the present study explored social support at baseline using the Medical Outcomes Study Social Support Survey (MOS-SS) and subsequent changes in health status. Results from regression analysis with repeated measurements indicated that after controlling for demographic variables, a higher total MOS-SS score (i.e., more support) predicted decreased symptom severity ($p < .0001$), decreased depressive symptoms (CES-D, $p < .001$) and improved functional health (Sickness Impact Profile, $p < .0001$) over an 18-month period. Having more friends and more nearby children also contributed independently to key health outcomes (decreased symptom severity, decreased depressive symptoms, and improved functional health) in these older female cardiac patients. The specific contributions of various dimensions of social support are highlighted and discussed.

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OLDER ADULT'S HEALTH ISSUES & PRACTICES: DISCUSSIONS WITH FAMILY AND FRIENDS

L. M. Artale & K. A. Roberto, Center for Gerontology, Virginia Tech, Blacksburg, VA 24061.

Informal network members are important players in the social context in which older adults experience health and illness. Although greater attention is being paid to the role of family members in medical encounters, discussions older adults have with family and friends outside of the physician's office have yet to be explored. The purpose of this study was to identify with whom older adults share their health care concerns and to determine if there are differences in the type of health care information they share with others. We used self-report questionnaires and telephone interviews to gather data from 84 men (74; 9.69) and 21 women (76; 7.19) who received care at a Veterans Administration Medical Center. Over 60% of the elders reported discussing their health care concerns with their spouse, adult children, and friends. A significantly greater proportion of married individuals talk with their spouses, compared to their adult children or friends, about general ($p < .01$) and specific health issues ($p < .01$), going to see the doctor ($p < .01$), taking medication ($p < .01$), the recommendations of the doctor ($p < .01$), and how to follow the recommendations of the doctor ($p < .01$). No differences were found in the proportion of non-married older adults who talked with either children or friends about any of the health issues examined. The findings underscore the potential family and friends have for supporting or negating older adults' health care concerns and practices.

EFFECTS OF CHRONIC DISABLING CONDITIONS ON THE LIKELIHOOD OF HOME HEALTH CARE USE UNDER DIFFERENT MEASURES OF DISABILITY

C.L. Jenkins, S.B. Laditka. Department of Political Science, Auburn University, Auburn AL 36849. State University of New York at Utica/Rome, Utica, NY 13504.

This study examines how the presence of chronic disabling health conditions affects the probability of home health care use under various definitions of disability. Data from the 1993 Survey of Asset and Health Dynamics Among the Oldest Old was used to construct measures of disability based on the presence of external assistance and/or difficulty with five activities of daily living. Using logistic regression, we examined differences in the probability of home health care use under several measures of disability in the presence of various chronic conditions, including diabetes, cancer, chronic obstructive pulmonary disease, heart disease, stroke, arthritis, poor eyesight, and cognitive dysfunction. Results show that all these conditions, with the exception of hypertension, are significant predictors of home health care use regardless of the disability measure used. The probability of home health care use tends to be highest when the measure of disability includes the presence of difficulty in the absence of external assistance. Chronic conditions predicting the highest likelihood of home health care use under any measure include diabetes, stroke, and cognitive dysfunction. Calculating probabilities for subgroups shows that older (85+) unmarried Black women have the greatest likelihood of home health care use under all measures of disability. Incorporating information such as this in models predicting home health care use can assist policymakers and practitioners to determine need for services, identify subgroups of persons most likely to use services, and anticipate policy effects of alternative program eligibility criteria.

AN INVESTIGATION OF IN-PATIENT ASSESSMENT AND TREATMENT OF ALCOHOL PROBLEMS IN OLDER ADULTS.

E. McDonach, A. Wales, M. Gilhooly Centre of Gerontology and Health Studies, University of Paisley, Scotland
J.Curzio Nursing Research Initiative for Scotland, Glasgow Caledonian University, Scotland

Alcohol continues to be the most commonly used drug in Scotland and the UK. The health risks associated with alcohol consumption for older adults may be underestimated for a number of reasons including problems of detection, hidden morbidity, and variation in vulnerability to the effects of alcohol. These issues may have important implications for health policy. This exploratory study used focus groups and face to face interviews to investigate attitudes of older adults in the West of Scotland to alcohol and self-reported alcohol consumption. Gender differences and cohort effects were also examined. An additional investigation of current hospital practices in relation to the assessment and treatment of alcohol problems was undertaken in order to explore difficulties encountered in these processes. Preliminary findings suggest a lack of access to adequate information to assist in early identification of alcohol problems. The wider implications of older adult's attitudes to alcohol, self reported consumption and current alcohol assessment and treatment practices are discussed in relation to health policy.

Keyword: Alcohol

PERCEPTIONS OF CONTROL, USE OF HEALTH CARE SERVICES, AND MORTALITY

J. G. Chipperfield, R. P. Perry, & L. Chuchmach. Health, Leisure & Human Performance Research Institute & Department of Psychology, University of Manitoba, Winnipeg, Manitoba, R3T 2N2.

Recent research suggests that, for some older individuals, lower perceptions of control are associated with more frequent physician visits and longer hospital stays. The present study attempts to replicate these findings by examining patterns of health-care use for two years following an assessment of perceived control (PC) and restriction (R). Regression analyses revealed a PC X R interaction for number of hospitalizations (ß=-.002) and length of hospital stays (ß=-.006). It was among those with high restriction where a lack of control was most strongly associated with more and longer hospital stays. In addition, logistic regression analysis revealed a significant PC X R interaction (ß =-.012) such that, among the most highly restricted individuals, differences in mortality were found between those who perceived high (23.5%) versus low (64.7%) control. These findings show that the relationships between perceived control and outcome measures such as hospitalizations and mortality are most likely to emerge in high risk populations, in this case, among those who were seriously restricted.

FACTORS AFFECTING RETENTION OF OLDER MINORITY AND WHITE WOMEN IN AN ESTROGEN STUDY

C. Unson, M. Litt, J. Fenster, A. Kleppinger and K. Prestwood
University of Connecticut Health Center, Farmington, CT 06030

Aim: Investigated factors predicting retention of 168 female research volunteers aged 65 and older (58% White, 19% Black, 22% Hispanic) who had enrolled in a study involving estrogen and osteoporosis. **Method:** Women who resigned from the study were compared with those retained. Two significant predictors of dropout emerged: attitudes toward medication, and race/ethnicity. The attitudinal scale had 3 items: "I find it difficult to take my medications on schedule", "at the end of the day, I often forget to take my medications" and "the medications make me feel funny or uncomfortable" (Cronbach alpha was .80). **Results:** A total of 26 women (15%) dropped out of the study; 46% of the dropouts were Hispanic, 27% each were Black or white. Average respondent age was 74.3 years (SD= 5.5). The mean score on the attitude scale was 7.51 (SD 2.13) for dropouts and 6.47 (SD 1.74) for those remaining in the study. Odds ratios are reported. Minority status (4.33, p=.01), and higher scores on the attitude scales, indicating problems taking medication (1.3, p=.03), were associated with dropping out of the study (χ^2=15.39, df=2, p<.00). **Conclusions:** The attitude scale may be useful in identifying persons who are likely to drop out of a study. Strategies to improve retention among minority individuals should focus on ways to assist them to remember to take study medication.

OLDER ADULTS' PERCEIVED MEDICATION ADHERENCE: THE ROLE OF TASK IMPORTANCE AND STRATEGY USE

O.N. Gould[a], L. McDonald-Miszczak, and D. Tychynski. Department of Psychology at North Dakota State University[a], Fargo, North Dakota.

The present study examines the role of perceived task importance and strategy use in older adults' self-reported adherence to their prescribed medications. Fifty participants ranging in age from 51-83 (M=70.10) were asked to rate their adherence to each of their prescribed medications, report how important it was to adhere, and report all retrospective and prospective memory strategies used to aid adherence. Using path analyses, we found that perceived task importance significantly predicted use of both types of memory strategies, but only use of prospective strategies successfully predicted perceived adherence. The results suggest that when older adults believe that medication adherence is an important task, they use more prospective memory strategies, which in turn decreases their perceived adherence (which is often overestimated). Thus, establishing task importance through patient education might enhance adherence behaviors and improve the accuracy of reporting.

REDUCING HEALTH RISKS AND SOCIAL ISOLATION AMONG OLDER BLACKS IN NATURALLY OCCURRING RETIREMENT COMMUNITIES (NORCs)

B. P. Lyons, Ph.D., Long Island Univ., 1 University Plaza, Gerontology Department, Brooklyn, NY 11201.

There is evidence that living alone, or living in anonymous housing complexes is a common feature of urban communities and may produce feelings of isolation and loneliness, which can negatively affect psychological well-being and physical health (Fengler, Little & Danigelis, 1983). A study of older residents of three NORCs in New York City found that the NORC residents reported quality of life satisfaction less than average; they also reported less than average satisfaction with the support received from children, friends, siblings, and health care providers (Landsberg, Spellman & Canino, 1997). Older Blacks tend to live under these conditions. Additionally, they are at risk for diseases such as hypertension, diabetes, and heart disease (Benson & Stuart, 1992, 374). Traditional didactic health intervention programs are not universally effective nor especially useful with olde Blacks. Thus, the health disparity among older whites and Blacks remains. Some newly developed health intervention models draw attention to peoples' psychological needs for relatedness and social connection, and acknowledge the impact of social support on health and well-being (Bagley, Angel, Dilworth-Anderson, Liu & Schinke, 1995). The present study employed an intervention strategy that addressed these needs. Forty-five residents of two urban NORCs were assigned to either an intervention group (and received health education and participated in activities that foster interpersonal support and self-disclosure) or a control group. The intervention group was expected to show improvement in both health practices and psychological well-being. Results indicated that the intervention had a significant impact on psychological well-being, but not on health practices.

ATTRIBUTIONAL RETRAINING EFFECTS ON GERIATRIC DAY HOSPITAL CLIENTS' HEALTH-RELATED COGNITIONS

Leah E. Weinberg, 24-123 Victor Lewis Drive,
Winnipeg, MB., R3P 2L9, Canada

Older adults are vulnerable to loss of control because of physical frailty and mobility problems impacting on functional ability. The purpose of the present exploratory study was to examine the effectiveness of an attributional retraining (AR) intervention in enhancing perceived personal control over future functional ability (PPCFFA), and increasing exercise motivation among geriatric day hospital clients (N=106). Subjects were given an initial interview, an AR or NO-AR (control) intervention, and a final interview. Results were analysed by an attributional retraining (NO-AR, AR) by age (young-old, older-old) by perceived control (low-control, high-control) 2 x 2 x 2 factorial (ANOVA) design. In a 2-way interaction effect (AR by age). AR enhanced PPCFFA for older-old subjects compared to AR, young-old subjects, and compared to NO-AR, older-old subjects. A 3-way interaction revealed that AR increased exercise motivation for young-old, low-control subjects (vs their NO-AR counterparts), and for older-old, high-control subjects (vs. their NO-AR counterparts). Results indicate that AR effects in this group of day hospital clients are mediated by individual differences in age and perceived control.

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Predicting Health Behavior Using Cognitive and Behavioral Rigidity Measures

Zanjani, F.A.K., Caskie, G.I.L., Schaie, K.W., & Willis, S.L., Dept. of Human Development and Family Studies, 110 Henderson South, The Pennsylvania State University, University Park, PA 16802.

This study examined cognitive and behavioral rigidity variables as predictors for individual health behaviors. Maier's (1995) analysis of cognitive ability and health behavior factors indicated that cognitive ability had weak predictability for health behaviors. The current study used thirteen actually observed individual health behaviors rather than latent health behavior factors to examine whether cognitive and behavioral rigidity factors could better predict individual health behaviors at the item level. The individual health behavior items included the following domains: smoking behavior, alcohol consumption, caffeine consumption, food consumption, dental care, and preventive care. The sample (N = 588, M=262, F=326) was from the 1991 wave of the Seattle Longitudinal Study. Mean age is 54.2 years (range = 25-81 years), and mean education level is 15.3 years. Regression analyses were performed to determine the predictability of health behavior items using cognitive and behavioral rigidity factors. Results indicated that for seven of the thirteen health behavior items in four domains -- alcohol consumption, food consumption, dental care and preventive care -- a significant amount of variance was explained. Results also indicated that adding behavioral rigidity variables as additional predictors did not considerably increase the predictability of health behavior items. Of the seven behaviors, greater variance was explained for the proactive behaviors, specifically , teeth flossing, flu-shots and cholesterol checkups. Thus, the level of cognitive abilities may be a better predictor for proactive behaviors than for overall health behaviors.

SOCIO-ECONOMIC AND DEMOGRAPHIC DETERMINANTS OF USE OF DISEASE PREVENTION AND SCREENING MEASURES BY OLDER ADULTS

C. E. McConnel and R. W. Wilson, Department of Gerontology, University of Texas Southwestern Medical Center, 5323 Harry Hines Blvd., Dallas, TX 75235-8875.

This research establishes the major socio-economic and demographic determinants of utilization of disease prevention measures and screening for existing disease by the elderly. Using data from the Agency for Healthcare Research and Quality's Medical Expenditure Panel Survey of 1996, a national probability sample that includes 2445 persons 65 years of age and over, multiple logistic regression models were estimated for physical exams, blood pressure checks, flu shots, dental checkups, cholesterol tests, mammograms and pap tests. A high school education or better consistently predicted higher levels of utilization (OR 1.5 to 2.5,p<.01) while the lack of private supplemental insurance reduced utilization (OR .57 to .70, p<.01), controlling for gender, race/ethnicity, marital, health and economic status. However, utilization was generally invariant to differences in gender and race/ethnicity and, for the majority of categories, economic status.

PERCEIVED BENEFITS OF PARTICIPATION IN A WELLNESS WORKSHOP IN AN ADULT DAY PROGRAM

A. Jennings-Sanders, Department of Nursing, Cleveland State University, Cleveland, OH 44114

Adult day programs offer various services to older adults, including wellness programs. However, the perceived benefits that older adults report as a result of participating in wellness programs at adult day programs is not well documented in the literature. A total of 12 well functioning older African American women agreed to participate in a four-week wellness workshop. These women were 62-83 years of age, had at least one chronic disease, and lived with a family member. Each workshop was approximately one hour long and addressed one of the following areas: nutritional wellness, stress and wellness, wellness relationships and beliefs, and wellness and the environment. A Wellness Self-Assessment Survey was administered before the workshop and then again after the workshop. Statistically significant differences (p<0.05) were found between the initial wellness self assessment and the final wellness self assessment. The participants reported the following perceived benefits as a result of participating in the wellness workshop: overall increased well being, increased socialization, increased openness with family members, and increased participation in activities in the day program and at home.

HEALTH-PROMOTING SELF-CARE IN OLDER ADULTS. G. Acton, M. Aguilar, C. Brown, C. Holahan, W. Spirduso. Institute of Gerontology and Center for Health Promotion Research, The University of Texas at Austin, Austin, TX 78701

America continues to gray. As the U.S. population grows older, society is challenged to meet the needs of older adults, especially in the provision of health care. Older adults are the largest consumers of health care and although morbidity increases dramatically as persons age, evidence is mounting that health promotion may reduce or compress morbidity. Thus, if older adults engage in appropriate health-promoting self-care behavior, their health and well-being might be improved. Much of the health-related research in older adults focuses on response to illness or symptoms. Less research focuses on health-promoting self-care activities. The purpose of this study is to test Pender's theoretical model of health-promoting self-care behavior in community-dwelling older adults. Data collection is underway and 260 subjects have completed the study (target n = 300). Graphical analysis modeling will be used to explore the direct, indirect, and interactional relationships of selected demographic variables (age, gender, ethnicity, education, income, household number); perceived health status; self-esteem; importance of, barriers to, and self-efficacy of self-care behavior; and family support to health-promoting self-care behavior and general well-being. Preliminary findings reveal that older persons are extremely interested in taking care of their health.

RELATIONSHIP OF SELF-REPORTED HEALTH CONDITIONS TO HEALTH-RELATED QUALITY OF LIFE (HRQOL) AMONG THE ELDERLY

Kelli L. Dominick, F.M. Ahern, C.H. Gold, D.A. Heller
Department of Biobehavioral Health, Pennsylvania State University, University Park, PA 16802.

It is important to understand the impact of chronic health conditions on the quality of life of older adults. This study examined the relationship of self-reported health conditions to HRQOL among 84,065 elderly individuals enrolled in Pennsylvania's Pharmaceutical Contract for the Elderly (PACE). All individuals completed a mail version of the HRQOL Module from the CDC's Behavioral Risk Factor Surveillance System. Among the 39 self-reported health conditions that limited normal activities, the most prevalent were: arthritis (14.4%), heart problems (13%), walking problems (8.4%), lung problems (6.3%), and eye problems (5.5%). Neurological problems, lung problems, diabetes, back problems and heart problems were associated with greatest number of days (out of the previous 30) of "not good" mental health, "not good" physical health and activity limitation. Results will also be presented according to gender and age categories. These results identify conditions that may place the elderly at highest risk for poor HRQOL and should thus be targeted for future research and intervention.

SELF-CARE PRACTICES AMONG OLDER ADULTS WHO LIVE ALONE.

M.P. Gallant, Dept. of Health Policy, Management, & Behavior, University at Albany School of Public Health, One University Place, Rensselaer, NY 12144-3456.

Self-care practices, which include preventive health behaviors, responses to symptoms, and behaviors intended to compensate for functional limitations, may be particularly important for older adults who live alone. The Natl. Survey of Self-Care and Aging was used to examine the three domains of self-care practices among those living alone versus those living with others. Ten dependent variables included preventive health behaviors, responses to symptoms (seeing a doctor, taking prescription drugs, taking OTC drugs), and several types of strategies related to functional limitations (assistive devices, changing environment, doing things differently, using specific items for IADLs). Results showed that elders living alone are much more likely to utilize self-care for functional limitations than those who live with others. Regression analyses were used to examine whether the predictors of ten types of self-care practices differed between those who live alone and those who don't. For both groups, worse self-rated health, more chronic conditions, more ADL or IADL-related support received, and more help given to others predicted greater self-care. Among those living alone, income and ADL or IADL disability were stronger predictors of self-care.

TIPPING THE BALANCE FACTORS PROMOTING HELP-SEEKING FOR MEMORY CONCERNS BY MIDDLE-AGED PERSONS

S J Cutler, Dept of Sociology, University of Vermont, Burlington, VT 05405 and L G Hodgson, Dept Of Sociology, Quinnipiac College, Hamden, CT 06518

This paper examines social and psychological factors predisposing people to speak about their personal memory concerns with other persons Raising this issue with family members, friends, or professionals is viewed as a first step along the path to help-seeking Data are drawn from a pilot study on concerns about developing Alzheimer's disease (AD) among two groups of persons 40-60 years of age (1) adult children with a living parent who has been diagnosed with AD (n=25), and (2) a matched comparison group of persons with no family history of dementia (n=25) Bivariate correlation analyses were conducted on the total group to identify an initial set of variables associated with whether one has spoken to others about their memory Regression analysis then yielded four variables significantly related to speaking to others (adj R^2= 404) (1) poorer overall evaluation of one's memory, (2) if memory performance had affected aspects of one's life; (3) better self-reported health, and (4) being personally concerned about developing AD These are factors that appear to tip the balance to begin the help-seeking process for memory concerns in middle age

SELF-CARE AMONG OLDER ADULTS: OBJECTIVE AND SUBJECTIVE ILLNESS CONTEXTS

L. McDonald-Miszczak[ab], A. Wister[b], and G. Gutman[b], Department of Psychology at Western Washington University[a] and the Gerontology Research Center at Simon Fraser University[b]

The present study examines the role of objective and subjective factors in older adults' self-care behavior. Objective factors include contact with the formal health care system whereas subjective factors include both illness specific and nonspecific belief-laden variables. A total of 794 older adults aged 50-92 (M=69.3) who were diagnosed with arthritis, heart problems, or hypertension participated in the study. We hypothesized that older adults with arthritis show a greater reliance on objective factors in their self-care behaviors due to the existence of overt symptomology (e.g., pain cues), than those diagnosed with heart problems or hypertension who demonstrate a greater reliance on belief-laden factors due to the lack of overt symptoms. The results from the hierarchical regression analyses supported our hypotheses. The results are discussed in the context of expanding the Health Belief Model of self-care.

Use of Prescribed and Alternative Medications by Caregivers

M. H. Corvea & M. Rubert; Center on Adult Development and Aging, University of Miami School of Medicine, Miami, FL 33136

While the majority of older adults take prescription or OTC medications, little is known about the types of medicines that caregivers use to deal with their own physical and mental health problems. All of the medications taken by a sample of 223 caregivers ($\bar{x}$ = 68.5, sd ± 11.3, range: 39 -92 years) were gathered as part of an in-home assessment. It is notable that only 16 caregivers (7%) were not taking anything. The most common type of prescribed medications were cardiovascular (54%). Over half of the caregivers (57%) that were taking a prescribed medication also reported taking herbal remedies (e.g., Ginkgo Biloba, vitamins (e.g.,Vitamin E) and/or nutritional supplements (e.g., Kyolic). Almost 50 separate combinations of alternative medications were reported.

Caregivers often suffer from depression and anxiety as a result of caring for a person with dementia. Surprisingly, only 17% of caregivers were taking anti-depressants and/or anti-anxiety medications. Another way for caregivers to deal with the stress was to take herbs, nutritional supplements and/or vitamins. Ten of the caregivers taking anti-depressants were also concurrently taking from 3 to 7 alternative medications. There were also ethnic differences in the pattern of medication usage among Cuban Americans and White Americans living in the Miami area. For example, Cuban American males used the fewest prescription and alternative medications.

PREFERENCES FOR CARE AMONG NURSING HOME RESIDENTS: IMPLICATIONS FOR INDIVIDUALIZED CARE

L.Levy-Storms, S. F. Simmons, & J.F. Schnelle. University of California, Los Angeles, School of Medicine, Dept.of Medicine/Geriatrics, Anna & Harry Borun Center for Gerontological Research, Los Angeles, CA 90095-1687

Increasing attention to the quality of life in institutional settings has provided an impetus for research on ways to individualize care. To do so, nursing home (NH) staff need to understand residents' preferences for care as well as the degree to which they differ from actual received care in order to consider new approaches for daily care delivery. This study addresses this issue through a description of residents' preferences for care and the discrepancy between their preferences and received care across a range of daily care domains. A total of 111 NH residents representing a range of cognitive and physical impairment were approached for a face-to-face interview. Of these 111, 93 were able and willing to participate. Preferences related to daily care activities varied among residents in most care domains, except for the "mealtime" domain in which almost all preferred to eat in the dining room and to do so independently. About one third of residents wanted a greater frequency of incontinence care (i.e., pad changes and toileting assistance) and showers as well as more help with other daily dress/grooming activities; while 75% wanted more frequent walking assistance when preferences were compared to received care levels. While this study demonstrates the feasibility of assessing residents' preferences relevant to multiple daily care areas, the high variability in residents' preference raises questions about the ability of NH staff to meet the range of preferences.

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SOCIOECONOMIC STATUS AND THE RISK OF POORER HEALTH: ACCOUNTING FOR SYSTEMATIC ATTRITION IN PANEL DATA.

Y. Li & J. Kelley-Moore, Department of Sociology, Purdue University, West Lafayette, IN 47907-1365.

The studies of socioeconomic status (SES) and health have shown that lower SES predicted poorer health in cross-sectional studies, but varied in its effect on health trajectories over time. The attrition in panel data, especially when it occurs in a systematic manner, can confound this relationship. This study uses data from *Americans' Changing Lives, Waves I and II* (n=3,617) to examine how SES is related to self-rated health and morbidity. Preliminary analyses show that both SES and self-rated health are significantly related to all-cause attrition in wave II (n=748) whereas morbidity is not. We anticipate that when the attrition is handled properly, SES and these health outcomes would show a clearer relationship. Two methods of accounting for attrition, second-wave weight adjustment and Heckman selection bias modeling were applied to deal with the attrition. The results showed that SES, which is not related to self-rated health in the weighted model, becomes a significant predictor of self-rated health with the Heckman approach. It is consistently unrelated to morbidity in both models. The results suggest that the systematic attrition has deflated the effect of SES on health, and the Heckman modeling procedure is superior to the weight adjusted model for dealing with the confounded relationship among the variables. When the attrition is not systematically related to the dependent variable, the weighted model is an adequate and efficient alternative.

DEPRESSIVE SYMPTOMS AND SELF-RATED HEALTH AMONG COMMUNITY-DWELLING OLDER ADULTS: A LONGITUDINAL STUDY

B. Han. Department of Gerontology, University of South Florida, Tampa, FL 33620

Self-rated health is a powerful predictor of changes in functional ability, health service utilization, and mortality among older adults. Depression is a very common problem in older adults. However, whether depression contributes to subsequent changes in self-rated health has not been widely studied. The primary aim was to test whether baseline depression in older adults increases the risk of subsequent decline in self-rated health and decreases the odds of subsequent improvement in self-rated health. A total of 6714 community-dwelling older persons who completed both the first and the second wave of Asset and Health Dynamics Among the Oldest-Old national survey were examined. After adjustment for baseline demographic factors, physical disease, and changes in medical conditions and functional disability, higher baseline depression was predictive of greater decline in self-rated health (odds ratio for decline in those with high depression level vs. those without, 1.47; 95% CI, 1.26-1.70). Likewise, higher baseline depression predicted less improvement in self-rated health (odds ratio for improvement in those with high depression level vs. those without, 0.57; 95% CI, 0.50-0.65). Depression is an independent risk factor for changes in self-rated health. Prevention and reduction of depression might be one of the most effective ways to promote health and reduce morbidity and mortality among older adults.

PARENT DEATH IN CHILDHOOD AND RISK OF DEMENTIA: FINDINGS FROM THE NUN STUDY

L.H. Greiner, D.A. Snowdon, W.R. Markesbery, Sanders-Brown Center on Aging, University of Kentucky, Lexington, KY 40536-0230

We investigated the relationship between death of a parent during childhood and risk of dementia in later life in a subset of 435 participants in the Nun Study, a longitudinal study of aging and Alzheimer's disease. Risk ratios for dementia incidence were calculated using Cox proportional hazards regression. Risk of dementia in late life was associated with the death of the father during childhood (P=0.02), but not with the death of the mother (p=0.69). After the death of the father, only 17% of surviving mothers had assistance in raising their children, compared to 95% of surviving fathers (P<0.001). This substantial difference in family environments may have led to the shorter stature observed in those whose fathers died during childhood (P=0.02). Our findings suggest that death of a father dramatically altered the family's social and economic environment, and may have resulted in sub-optimal growth and development in early life and, ultimately, an increased risk of dementia in late life.

TURNING NETWORKS OUTSIDE IN: A RAPID ASSESSMENT APPROACH TO DETERMINING HIV RISK EXPOSURE IN BUILDINGS HOUSING OLDER ADULTS

J.J. Schensul, P. Feliciano, K.E. Radda, M.W. Smith, R.A. Dushay

Epidemiologic research on injection drug users suggests that the number of older long term drug users is increasing, as is their risk of contracting HIV. This is due to both aging long term users and late initiators. In addition to exposure to HIV through injection drug use, older adults are at risk through unprotected sex with commercial sex workers who may also introduce drugs to their clients. Researchers have noted these trends, but the social networks and social processes through which older adults are introduced to drugs and sexual risk have not yet been studied. A two-city study of HIV risk exposure in older adults in senior public and private housing utilizes rapid assessment methods to identify indicators of HIV risk behavior in neighbourhoods surrounding these residences, and in the buildings themselves. This poster session illustrates how buildings are ranked by risk for further epidemiologic study using participant observation and mapping of indicators of drug and sex risk in neighborhoods in which the buildings are located, and participant observation and informal interviewing in target buildings. If validated across multiple buildings, neighbourhoods and cities, the methods can be used to identify high priority buildings for intervention. The poster concludes with implications for neighbourhood and building based AIDS, STDs and drug prevention.

Contact: Jean J. Schensul, Ph.D., Institute for Community Research, 2 Hartford Square West, Suite 100, Hartford, CT 06106

RELIABILITY AND VALIDITY OF A RISK INCONTINENCE ASSESSMENT INSTRUMENT

D.K. Munn, J. FitzSimmons, B.W. McCabe, University of Nebraska Medical Center College of Nursing, Lincoln, NE 68588; Madonna Rehabilitation Hospital, Lincoln, NE 68506

The purpose of this research study is to determine the reliability and predictive validity of a Risk Incontinence Assessment instrument (RIA) developed to identify patients at risk for urinary incontinence (UI). Urinary incontinence has been cited as one of the most frequently occurring syndromes in the aged. The RIA was developed to take a pro-active stance and identify and treat those individuals who are at risk for developing UI. Risk factors were drawn from those reported in the literature. A retrospective analysis of 100 randomly selected patient charts will be completed to 1) determine the effectiveness of the RIA in predicting patients at risk for UI and 2) determine the score that is associated with the presence or absence of UI. Descriptive and correlational statistics will be used to analyze the data.

MOBILITY AND SELF-RATED HEALTH AS PREDICTORS OF MORTALITY IN A NONAGENARIAN POPULATION

M. Jylhä, A. Hervonen, School of Public Health, FIN-33014 University on Tampere, Finland

The oldest-old population increases rapidly, but little is known about the predictors of health and survival in this group. In the Vitality 90+ Study we examined mobility and self-rated health as predictors of mortality in total home-dwelling population aged 90+ in the city of Tampere, Finland. A postal questionnaire was sent to all the 505 persons living in the community. The response rate was 82%. In three years (35 months), 46 % died. Mobility was measured by a hierarchic indicator with four categories: (1) no difficulty, (2) difficulty only in using stairs, (3) difficulty in using stairs and walking 400 meters, and (4) difficulty in using stairs, walking 400 meters and walking between rooms. Self-rated health (SRH) was measured by a single question with alternative answers from (1) very good to (5) very poor. Adjusted for age, those who had difficulty in using stairs and walking 400 m. and those who had difficulty in all the three tasks had higher mortality than those without any difficulty (RR 1.75, 95%CI 1.08; 2.83, and RR 2.17, 95%CI 1.44; 3.28, respectively). When self-rated health was introduced in the model, having difficulty in all the three tasks remained significant (RR 1.71, 95%CI 1.05 ; 2.80). Self-rated health was not significantly associated with mortality. However, those who did not answer the question were more likely to die than those with very good SRH (age-adjusted RR 3.44; 95 CI 1.25; 9.45). We conclude that, (1) mobility is a significant predictor of mortality in the oldest-old, and (2) further research is needed on the validity and feasibility of self-rated health in this population.

SEXUAL BEHAVIOR AND AIDS RISK AMONG URBAN SENIOR HOUSING RESIDENTS

K.E. Radda, J.J. Schensul, R.A. Dushay, C.N. Ciofalo, E Ward

Until recently, the epidemiology of HIV AIDS in older adults ages 50 and over had failed to pay adequate attention to steadily increasing rates of transmission via injection and other risky drug use and heterosexual relations. Data demonstrate that AIDS risk in older adults is more common than previously believed and is on the rise, with heterosexual contact a significant routed of infection. To understand the behaviors that place older adults or their partners at risk for HIV infection, or prevent transmission of the virus, it is necessary to determine what personally defines sexual behavior, AIDS knowledge and attitudes, and conditions under which sex risk occurs. Older residents, particularly males, engage in both penetrative and non-penetrative sex and unprotected sex with single and multiple partners, including commercial sex workers, with a limited knowledge of HIV risk factors. This paper presents data collected during the pilot phase of a four-year two-city study that focuses on AIDS risk among older urban senior housing residents. Analysis of data derived from pile sorts, structured surveys, ego network surveys, and open-ended interviews with a sample of residents ranging from 50 to 85 years of age identifies sexual behavior and risk; AIDS knowledge; sex partners, including primary, steady and casual partners; and frequency sexual activities. The results of this study will be used to develop appropriate and accessible intervention strategies for the prevention of HIV transmission among older urban adults.

Contact: Kim E. Radda, R.N., M.A., Institute for Community research, 2 Hartford Square West, Suite 100, Hartford, CT 06106

QUANTITATIVE VS. QUALITATIVE MEASUREMENT OF ALCOHOL EXPECTANCIES ACROSS THE LIFESPAN

R.Wiscott, K. Kopera-Frye, A. Begovic-Lapic, K.L. Gesen, D. Blevins, Department of Psychology, Applied Cognitive Aging, The University of Akron, Akron, OH 44325-4301

A large body of research supports that alcohol expectancies (AE) (i.e., beliefs about the benefits and consequences of alcohol use) mediate alcohol behavior. However, less work has focused on AE among older adults. The current research examined differences among quantitative (i.e., AEQ-2, George et al, 1994, 40-items) versus qualitative (i.e., five newly created open-ended probe questions) AE items in younger (N = 258, M age 20.0, SD 3.5), middle-aged (N = 85, M age 42.4, SD = 8.8) and older (N = 175, M age = 69.6, SD = 7.6) adults. Regression analyses (by age group) indicated that both the quantitative (QT) and qualitative (QL) indices accounted for similar percentages of variance in self-reported weekly drinking (QT range 18% to 42%, p's < .001; QL range 17% to 35%, p's < .001). However, QL items predicted a significant amount of variance over and above the QT measure (R^2 change 8% to 18%, p's < .001, Total R^2 26% to 61%) for all age groups. Overall, prediction models were best for the middle-aged adults, followed by older and younger adults, respectively. Our findings suggest that AE (both QT & QL) are especially important in understanding alcohol consumption in later life, thus practitioners can gain valuable information by using both types of measures to understand drinking patterns.

SOCIAL ISOLATION AND HIV KNOWLEDGE, ATTITUDES, AND RISK BEHAVIOR AMONG OLDER ADULTS IN URBAN SUPPORTED HOUSING

R.A. Dushay, J. Schensul, K. Radda, J. Levy, C.Y. Reyes, K. Brockman

Housing for older adults in low income urban neighborhoods exposes residents to drug use and sales, violence, and commercial sex work. In addition to other concerns these behaviors offer primary routes of transmission for HIV infection. An NIA-funded study of exposure to HIV risk in older adults, conducted in two cities in the U.S., is exploring the role of personal and building-level networks as protective or risk factors in residents' exposure to HIV risk. building infrastructure and social organization, among other factors, may influence how much building residents are insulated from drugs and commercial sex. At the same time, some residents may make use of these illegal services in their own apartments. In addition, older adults are not often served by HIV information campaigns. Socially segregated and wary of being identified as drug users because of the risk of losing their housing, residents may not seek out HIV information, and the usual providers of information may not come to them. This paper reports the results from the first building of our study. We will illustrate the relationship between social isolation, as determined by social network measures, HIV knowledge, attitudes about people with HIV, and HIV risk behavior among supported housing building residents between the ages of 50 and 85.

Contact: Robert A. Dushay, Ph.D., The Institute for Community Research, 2 Hartford Square West, Hartford, CT 06106

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Stability of Living Arrangements in Older Medical Rehabilitation Patients.

PA Lichtenberg, SE MacNeill, AL Bank.

WSU Institute of Gerontology, 87 E. Ferry, Detroit, MI 48201.

This study was designed to expand the concept of living arrangement in older adults, by examining the multi-dimensional characteristics longitudinally in a sample of 194 older adults discharged from a medical rehabilitation unit. All patients were living alone prior to hospitalization. The mean age of the sample was 74.3 (SD=9.0), with greater proportions

of women (72%) and African Americans (85%). Multivariate analyses were used to examine relationships between personal competencies (i.e. Self-care, medical burden, cognition, depression), and living arrangements at three time points (discharge, three months, six months post discharge). Return to living alone increased from 44% at discharge, to 60% at three months, and 70% at six months post discharge. Personal competencies were significantly related to length of time spent living independently following hospitalization. Specifically, **worse cognition, greater medical illness**, and **lower self-care abilities** were related to less time spent living independently over six months following hospitalization. These findings support the inclusion of personal competencies as at least one dimension of living arrangements.

Environmental Press and Longitudinal Adaptation following hospitalization in Live Alone Older Adults.

SE MacNeill, PA Lichtenberg, BT Mast, Sinai-Grace Rehabilitation, 6071 West Outer Drive, Detroit, MI 48336.

Environmental Press Theory focuses on adaptation to the environment through personal competencies, environmental demand, and the interaction between these two. Environmental press was examined in a study of adaptation three and six months post discharge, in a sample of 194 urban, live-alone older adults with new onset disability. Sample characteristics included a mean age of 74 (S.D.=9.0), 85% African Americans, and 72% women. Competency variables (cognition, medical burden, activities of daily living, depression) were used to predict instrumental or advanced activities of daily living, and longitudinal living arrangements. Using path analysis, three of four competency variables predicted instrumental activities of daily living at longitudinal follow up points. Instrumental skills in turn, predicted living arrangements over time. These findings support the use of Environmental Press to explain the complex nature of adaptation in older adults with new onset disability.

ASSISTIVE DEVICE UTILIZATION IN OLDER ADULTS WITH CHRONIC DISABLING ILLNESS

Deborah A. Sutton, The Arthritis Community Research & Evaluation Unit, The Toronto Hospital, OCI/PMH, 610 University Ave., 16th Floor Rm. 704, Toronto, ON, M5G 2M9; Monique A.M. Gignac & Cheryl Cott, The Arthritis Community Research & Evaluation Unit.

Older adults with a chronic disabling illness employ many adaptation efforts to manage their condition including using a wide range of assistive devices (AD) and gadgets. This study furthers AD research through examination of factors that predict use of normalized and medicalized AD among individuals with a chronic disabling condition (osteoarthritis). Participants were 248 community-dwelling adults, age 55 years and older who were interviewed in their homes using a structured questionnaire. The results revealed that the role of demographics, illness related variables, contact with health professionals, coping efforts, attitudes toward ADs and perceived independence were different for normalized and medicalized AD. Further, predictors of AD utilization differed based upon the domain of disability: personal care, in-home mobility, household activities, community mobility or valued activities. The implications of these results are discussed in terms of recommendations to facilitate increased use of AD, and examination of prescription practices for AD for those with a chronic disabling condition.

THE EFFECTS OF DUAL SENSORY IMPAIRMENT ON FUNCTIONAL ABILITY AMONG ELDERLY ADULTS

Y. Su, A. Horowitz and M. Brennan,
Lighthouse International, 111 East 59th Street, New York, NY 10022-1202

Vision and hearing impairments are among the most prevalent chronic conditions in later life. Among the noninstitutionalized elderly, 13% have vision impairments and 28% are hearing impaired. Past research has examined the consequences of age-related vision or hearing impairment relative to different life domains, but little is known about the concurrent effect of both vision and hearing impairment among older adults. The present study used data from the Longitudinal Study on Aging (LSOA) to examine concurrent effects of dual sensory impairment status on specific personal and instrumental activities of daily living (PADL and IADL). Among the 5,012 adults aged 70 and over, results from binary logistic regression models indicate that dual impaired elders were more likely than the nonimpaired to have difficulties in PADL (i.e., bathing, dressing, getting in and out of bed, walking, and getting outside) even after adjusting for the effects of socio-demographic characteristics and comorbid health. They were also more likely than the nonimpaired to have difficulties in all six domains of IADL (preparing meal, shopping, managing money, using the telephone, heavy housework, and light housework). Older people who have only vision impairment are also more likely than the nonimpaired to report difficulties in all IADL and PADL domains except dressing, eating and using toilet. Findings suggest that although hearing impairment by itself does not affect functional ability (except for telephone use), dual impaired elderly have a significantly greater probability of functional impairments as compared to those with single or no impairments in specific ADL domains.

HEARING AND VISUAL ACUITY IMPAIRMENT AND CHANGE IN FUNCTIONAL STATUS.

DJ Lee, O Gomez, F Ma, B Lam, Departments of Epidemiology & Public Health and Ophthalmology, U of Miami School of Medicine, Miami, FL 33101.

Associations between visual and hearing impairment and change in functional status have never been completed in a nationally representative sample of US adults. Participants from the 1974-1975 National Health and Nutrition Examination Survey I (NHANES I) and the 1982-1984 and the 1992 NHANES I Follow-up Surveys were included in the analysis (n=1,174). Binocular distance visual acuity was assessed using Sloan Letters or Landolt Rings, with participants wearing corrective lenses, if any. Visual impairment was defined as an acuity of 20/50 or worse. Hearing acuity was assessed by obtaining pure tone air conduction thresholds in sound treated rooms; pure-tone averages (PTA) were calculated by averaging thresholds obtained at 1000, 2000, and 4000 Hertz. Hearing impairment was defined as a PTA $\geq$ 25 in the better hearing ear. A modified version of the Disability Index (DI) from the Stanford Health Assessment Questionnaire was used to assess functional status. Analysis of variance, controlling for age, gender and race, indicated that participants with either hearing or visual impairment had significantly higher DI scores than participants without these impairments ($p< 0.01$ for both models). In multiple regression analyses change in DI scores from 1982-1984 to 1992 were not significantly associated with neither the visual nor hearing impairment status assessed in 1974-1975. Results indicate that vision and hearing impairments are associated with functional status, but that a one-time clinical assessment of these impairment domains does not predict long-term change in functional status.

THE INFLUENCE OF PERSONALITY AND BEHAVIOR ON COMMUNICATION HANDICAP IN OLDER ADULTS.

Cynthia Yonan, Department of Epidemiology and Preventive Medicine, University of Maryland, Baltimore MD 21201

Many hearing-impaired older adults exhibit significant communication handicaps. It is uncertain, however, what factors determine the extent of handicap that results from their hearing loss. The current study explored the relation between communication handicap and two psychological variables -- personality and communication behaviors. Participants were a group of 106 hearing-impaired older adults who were patients at a local hearing clinic. Subjective communication handicap, personality, and communication behaviors were assessed with questionnaires. Communication handicap was also measured objectively with a new measure developed for the present study. The results indicate that the psychological variables explained nearly one quarter of the variance in subjective communication handicap after controlling for hearing loss. Objective communication handicap was best predicted by age and audiologic variables. Maladaptive communication behaviors were particularly important predictors of communication handicap. The objective communication handicap measure emerged as a useful tool that was less influenced by personality and more sensitive to the effects of age than the subjective communication handicap measure.

Transitions in Health Status in Older Patients with Heart Failure.

Marshall H Chin, MD; JX Zhang, PhD; PJ Rathouz, PhD; Section of General Internal Medicine and Department of Health Studies, University of Chicago, Chicago, IL.

We aimed to determine transitions in functional status and health perception in older Medicare patients with heart failure (HF) over multiple years, and illness course trajectories.

We utilized 1991-96 data from the Medicare Current Beneficiary Survey, a database that combines Medicare claims with yearly longitudinal surveys of 14,000 beneficiaries. We identified 729 patients 65 years or older with an ICD-9 diagnostic code of HF. The surveys contain a 5-point Likert scale question on health perception, ADLs, and IADLs.

We determined the overall pattern of illness course in incidence and prevalence cohorts, and quantitatively modeled transitions in health status using ordinal logistic regression and a separate model for death. We subsequently created transition state matrices. Less than 10% of patients steadily improved over 4 years, while about 30% worsened in health perception, ADLs, and IADLs. About 45% fluctuated in illness course and about 20% remained stable. Varied illness course trajectories were apparent.

Regression models adjusting for age, gender, and race, and subsequent transition matrices confirmed these general trends, and suggested threshold levels of health status beyond which prospects of recovery were significantly less. For example, 70 year old women who rated their health perception as "very good" in 1991 had a 53% chance of being "very good" or "excellent" in 1992, compared with 24% for those who rated their health as "good" in 1991.

Many older patients with HF have worsening health status over time. Measures of prior health status can help predict chances of functional recovery.

FUNCTIONAL DECLINE AFTER CONGESTIVE HEART FAILURE AND ACUTE MYOCARDIAL INFARCTION AND THE IMPACT OF PSYCHOLOGICAL ATTRIBUTES. A PROSPECTIVE STUDY.

G.I.J.M. Kempen, C.H.M. van Jaarsveld, R. Sanderman, Dept. of Medical Sociology, Maastricht University, P.O. Box 616, 6200 MD Maastricht, The Netherlands.

This paper examines the impact of 3 pre-morbidly assessed psychological attributes (i.e. neuroticism, mastery and self-efficacy expectancies) on functional decline after congestive heart failure (CHF; N = 134)) and acute myocardial infarction (AMI; N = 79)) in late middle-aged and older persons. Due to the prospective design of the study initial baseline levels of functional disability and number of chronic medical conditions could be adjusted, next to age, gender and the severity of either CHF or AMI. Functional disability was re-assessed eight weeks after the diagnosis of either CHF or AMI. Significant unique contributions of self-efficacy expectancies were found for functional decline after CHF, while mastery significantly contributes to functional decline after AMI: those patients with higher levels of mastery or self-efficacy expectancies showed less decline. In conclusion, pre-morbidly assessed psychological attributes influence functional decline after cardiac disease substantially in late middle-aged and older persons, but the impact of specific attributes can be considered differential for CHF and AMI.

SUPPORTING CARDIAC REHABILITATION FOR THE ELDERLY: THE HEALTH VISITOR'S (HV) ROLE

H. Bush, E. Kennedy, Dept. of Nursing, University of Paisley, Beech Grove, Ayr, KA8 0SR, Scotland; M Gilhooly, Centre of Gerontology & Health Studies, C. Salisbury, Applied Social Studies, University of Paisley; M. Ross, Ayrshire & Arran Primary Care NHS Trust.

The elderly are often excluded from cardiac rehabilitation programmes, although there is no evidence that they do not benefit from them. Programmes are usually exercise-based, but may also provide education aimed at secondary prevention of MI and opportunities for patients to talk about their anxieties and concerns at a time when they are particularly vulnerable. Forty qualitative interviews with HVs, general practitioners and consultant cardiologists in Ayrshire & Arran were carried out to assess the role of the health visitor in cardiac rehabilitation. HVs are believed to be central to the provision of emotional and practical support for patients, particularly when they are not attending rehabilitation classes, or if they live alone. There is no upper age limit for inclusion in post-MI rehab-ilitation programmes, but patients may be excluded because of non-cardiac morbidity or lack of fitness. Some HVs encourage patients not attending formal classes to recommence and build up an appropriate exercise regime. Printed advice is sometimes not tailored toward elderly patients, and may give rise to unrealistic expectations of recovery rates and capabilities. It is concluded that health visitors can provide support, information and education for elderly post-MI patients not attending formal rehabilitation programmes.

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PREDICTORS OF CHANGE IN SELF-RATED HEALTH OUTCOMES. FINDINGS FROM THE REHABILITATION OUTCOME STUDY.

G. R. Shannon, J. Y. Yip, K. H. Wilber, Leonard Davis School of Gerontology, University of Southern California, Los Angeles, CA 90089.

There is concern among health care professionals that cutbacks in rehabilitation therapy treatments under managed care may negatively impact outcomes. The purpose of this study was to investigate the change and magnitude of change in patients' health-related quality of life (HRQoL) after rehabilitation therapy. 100 Medicare patients from 3 skilled nursing facilities in Southern California answered the Medical Outcomes Study Short-Form 36 (SF-36). Eight sub-scales were measured, physical functioning, role-physical, bodily pain, general health, vitality, and social functioning, role-emotional, and mental health. Multiple-regression analyses revealed that, health-related baseline functioning, and race were significantly related to changes in patients' HRQoL. Discriminant analysis was used to identify factors that can best differentiate people as being in one of 3 groups ("Better", "Same", or "Worse"). Baseline characteristics and race were found to be highly correlated with the first discriminant function. With the exception of a significant relation to social functioning, rehabilitation treatment did not contribute to patients' HRQoL.

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STRUCTURE OF COGNITIVE ABILITIES IN ALZHEIMER'S DISEASE

R. L. Ownby, D. Loewenstein, A. Acevedo, L. Schram, Department of Psychiatry, University of Miami, 4300 Alton Road, Miami Beach, Florida.

Some have argued that cognitive abilities in patients with Alzheimer's disease (AD) can be understood as representing several distinct domains, although others (eg., Salthouse TA & Becker JT: Neuropsychology 1998;12:242-252) have argued for a single factor model. In an earlier study, single and multiple factor models of cognitive abilities in AD patients had been estimated via structural equation modeling (SEM). Results of this study showed that multiple factor models fit neuropsychological test data in AD patients significantly better than a single factor model. SEM was then used to estimate each models' ability to differentiate between normals and patients. Consistent with Salthouse and Becker's study, a single factor model was useful in predicting AD diagnosis. A multiple factor model to predicting diagnosis showed that memory was the most important ability in predicting AD diagnosis. Results partially confirm the Salthouse and Becker's earlier study by showing that a single cognitive factor can discriminate between AD patients and normals. Our results differ in showing that a multiple factor model fits test data and that memory is the primary ability related to AD diagnosis in mildly affected patients.

ROBUST IMPLICIT LEARNING AGAIN DEMONSTRATED WITH ALZHEIMER'S PATIENTS: REPLICATION OF TWO PRIOR EXPERIMENTS

S. M. Arkin, N. Mahendra, Department of Speech and Hearing Sciences, University of Arizona, Tucson, AZ 85721

This study examined effects of repeated exposure to words from a target category on implicit and explicit learning of twelve mild to moderate Alzheimer's patients. Following 18-20 60-second baseline fluency tests on the target category, animals, participants engaged in 7 to 11 sessions of a picture naming and related quiz exercise (study task). Study task consisted of 26 animal pictures to be named and 8 questions that had animal names as the correct answer (exposure words). One hour after each study task session, the fluency test used at baseline was administered again (experimental fluency test). Ten of twelve participants produced exposure words on the experimental fluency tests that they'd never named during baseline tests, demonstrating priming effect and implicit learning. Eleven of twelve also named novel words (not exposure words and not produced at baseline) on the experimental fluency tests, demonstrating spreading activation. Eight of eleven produced a higher proportion of baseline exposure words than of baseline non-exposure words on the experimental fluency tests, relative to the number of each produced on baseline tests, further evidence of priming effect. Five subjects increased correct responses on the study task, three of them by ten points, demonstrating explicit learning. Three others consistently scored at near ceiling on the task.

Prior research involving words from the category "things people wear" and facts about John F. Kennedy had similarly positive results. Protocol can be used clinically to increase or maintain fluency in various topic areas.

LONGITUDINAL CHANGES IN MMSE PERFORMANCE: A HIERARCHICAL LINEAR MODELING APPROACH

Brent J. Small[1], Beth Han[1], Laura Fratiglioni[2], Bengt Winblad[2] & Lars Bäckman[2,3] [1]Department of Gerontology, University of South Florida, Tampa, FL, 33620; [2]Karolinska Institute, Stockholm, Sweden; [4]Uppsala University, Uppsala, Sweden.

An increasing number of advanced statistical techniques are becoming available for the analysis of longitudinal data. In the present study, we applied Hierarchical Linear Modeling (HLM) to examine changes in Mini-Mental State Examination scores among a group of very-old adults. Participants consisted of 463 nondemented older adults (M = 79.44 years) who were examined three times across an approximate 7 year follow-up period. The results indicated significant longitudinal changes over time, at a rate of approximately .16 points per year. However, there was also significant variability around the regression slope indicating individual differences in rate of change. Predictive analyses revealed that age and years of education, but not gender or APOE genotype, were related to rate of change. Specifically, advanced age was associated with greater decline whereas more years of education was linked to fewer decrements. Taken together, the results highlight the utility of HLM as a means of modeling changes in cognitive performance in late life.

APOE GENOTYPE AFFECTS ASSOCIATION OF VITAMIN E AND COGNITIVE STATUS

JE Dunn, S Weintraub, K Kleinman. New England Research Institutes, Watertown MA 20472 & Northwestern University Medical School, Chicago IL 60611

The ε4 allele of apolipoprotein E (ε4) is a risk factor for Alzheimer's disease (AD) and vascular dementia, and may increase susceptibility to neurologic effects of physiologic stress (Tardiff et al 1997) and injury (Mayeux et al 1995). Vitamin E (VitE) is a neuroprotective antioxidant, but studies of VitE and AD or cognitive function (CF) have been inconclusive. This cross-sectional study examines combined effects of ε4 (1 or 2 alleles) and VitE in women age 60 and over, without dementia diagnosis, and enrolled in a pilot study of estrogen, VitE, ε4 and CF. Of 159 women, 128 had complete data. CF was determined by neuropsychological test battery. ε4 was not associated with lower mean scores on any individual test but was associated with scoring below age and education-specific cutpoints on 2 or more tests ("score below cutpoint", or SBC), with an unadjusted OR of 2.6; 95% CI 1.2-5.8. Logistic regression was used to examine combined effects of ε4 and VitE, adjusting for depression and race. Compared to those without ε4 or VitE (Noε4/NoE), relative odds of SBC were 1.25 (0.4-3.92) for ε4/NoE, 0.32 (0.12-0.88) for Noε4/VitE, and 2.46 (0.7-8.65) for ε4/VitE. Larger studies are needed to determine whether ε4, with or without VitE, is actually associated with below-norm performance on cognitive tests. Still, these preliminary data suggest that vitamin E may be protective, but only in persons without the ε4 allele. This may help to explain inconclusive results of previous studies.

THEORY OF MIND IN AGING AND DEMENTIA: PRELIMINARY FINDINGS

A. Washburn and P. Walton. Goldman Institute on Aging, 302 Silver Ave., San Francisco, CA 94112

Recent studies suggest that theory of mind (ToM)–the ability to attribute independent mental states to others to predict and explain behavior–remains intact and may even improve in normal healthy aging. As part of a larger investigation of social-cognitive functioning in the frail elderly, this study examined ToM in nursing home residents with normal cognitive functioning, mild cognitive impairment, and mild dementia. Participants were 16 women and 6 men, aged 73 to 97; 7 had Alzheimer's Disease or other dementing illnesses. Study materials comprised 14 short stories (adapted from Happe, 1994), each followed by test questions regarding inferences about the passage's main character's thoughts and feelings. ToM summary scores could range from 0 to 28.

The mean summary score was 18.8 (SD=5.0); scores ranged from 7.5 to 26. Zero-order correlations were computed between ToM summary scores and the following: gender, age, presence of a dementia diagnosis, MMSE scores, total CAMCOG scores, and scores on the CAMCOG Comprehension, Abstract Thinking, and Executive Function subscales. Participants scoring higher on the tests of cognitive function tended to give superior responses for the ToM stories, but the correlations were not statistically significant. These preliminary results suggest that, in some cases, the ability to "read" other minds may remain fairly intact with mild cognitive impairment or dementia.

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PERSONALITY-ABILITY RELATIONSHIPS AMONG YOUNGER AND OLDER ADULTS

B. Hayslip and D. Ragow-O'Brien. Dept. of Psychology, Univ of North Texas, Denton, TX. 76203

The present study explored the basis for shifts in personality-ability relationships in adulthood in studying two samples of older adults, one of which was assessed in 1975 (N=102, M age=68.4), and the second of which was assessed in 1995 (N=100, M age=72.0), and a sample of younger adults (N=100, M age=21.8), also assessed in 1995. Each participant was administered the Holtzman Inkblot Technique and measures of crystallized (Gc) and fluid (Gf) ability. LISREL analyses of both age-related and historical shifts in personality-ability relationships suggested that not only were such connections weaker among younger than among older persons, but also that such shifts were also associated with cohort differences as

reflected in factor loading (lambda) differences between each of the older samples and the younger sample, as well as between each older sample. These findings are important in revealing that sociocultural shifts in opportunities for continued cognitive growth influence the impact of noncognitive (personality) factors on intellectual functioning in later life.

AGING AND ACCURACY OF MEMORY FOR EMOTIONAL EXPERIENCE

Quinn Kennedy, Laura L. Carstensen, Frank Drew,, & Monisha Pasupathi. Dept. of Psychology, Stanford University, Stanford, CA, 94305.

Socioemotional selectivity theory (Carstensen, 1999) posits that older adults attend more to the emotional aspects of their lives than younger adults. This increased focus on emotional experience may lead older adults to more accurately recall emotional experiences than younger adults. This hypothesis was tested in the present study. Fifty-seven participants, aged 31 - 86, were paged randomly over the course of a week. Each time they were paged, they indicated the extent to which they had been feeling several positive and negative emotions. At the end of the week, they were asked to recall how often and how intensely they had experienced positive and negative emotions during that week. Preliminary analyses indicate that in recalling their emotions during the week of the study, middle-aged adults underestimated frequency of positive emotions ($t = -2.57$, $p = .02$) and overestimated frequency of negative emotions ($t = 3.68$, $p = .003$). There were no significant differences between older adults' recall of the frequency of positive and negative emotions and the frequency with which they experienced those emotions during the week of the study. These results support the hypothesis that memory for emotional experiences becomes more accurate with age.

Objective: To attain a greater understanding of the relationship between age, emotion, and memory.

INTELLECTUAL AND PERSONALITY CORRELATES OF WISDOM

D.J. Shedlock, Department of Psychology, State University of New York at Oswego, Oswego, NY 13126 & S.W. Cornelius, Cornell University

Contemporary research about wisdom has taken either explicit or implicit approaches. Explicit theoretical investigations measure people's performance on tasks assumed to represent wisdom-related knowledge and skills using objective criteria. Implicit investigations treat wisdom as a construct that is part of shared culture and language. Lay beliefs indicate that wise people possess superior cognitive abilities, exceptional personality development, and outstanding practical and interpersonal skills. Explicit assessments of wisdom tend to be narrower than implicit beliefs. In the present work, community-dwelling young, middle, and older adults completed an objective wisdom questionnaire and subjective ratings of themselves on wisdom attributes. Participants also completed multiple traditional psychological measures assumed to be theoretically relevant to wisdom. Results showed convergence and divergence between objective and subjective assessments. Objective and subjective measures of wisdom were modestly related. Objective performance was more related to cognitive abilities; social/practical abilities predicted the most variance in objective performance. On the other hand, subjective appraisal was more related to personality, especially openness to experience and generativity.

ARE CHANGES IN SUBJECTIVE COMPLAINTS ABOUT INTELLECTUAL FUNCTIONING RELATED TO CHANGES IN INTELLECTUAL FUNCTIONING?

D. Zimprich, Institute of Gerontology, Bergheimer Str. 20, 69115 Heidelberg

M. Martin, German Centre for Research on Ageing, Bergheimer Str. 20, 69115 Heidelberg

Despite the plausibility of hypothesizing a relation between intellectual functioning and subjective complaints about it, both are often poorly correlated in samples of elderly persons. Therefore, in our „relative comparison" hypothesis we posit that subjective complaints are not based on the perceived level of present intellectual functioning, but rather on changes in intellectual functioning. If this were true, a substantial relation between changes in intellectual functioning across time and changes in subjective complaints across time should emerge. Using data from the Interdisciplinary Study of Adult Development ($N = 202$, age 62.5 years, 46 % female), we correlated latent changes across two measurement occasions (1994, 1998) in speed of information processing, fluid intelligence, and subjective complaints about intellectual functioning. The latent change factor model eventually accepted showed a satisfying fit ($X^2 = 310$, $df = 213$, $CFI = .993$, $RMSEA = .047$). Initial values of subjective complaints were practically uncorrelated to initial values of speed and fluid intelligence. The latent changes in subjective complaints about intellectual functiong were correlated with the latent changes in speed (-.28) and fluid intelligence (-.60). Thus, level of intellectual functioning and subjective complaints are unrelated at a given time point. The changes in intellectual functioning and the changes in subjective complaints, however, are correlated, which represents a first corroboration of our „relative comparison"-hypothesis.

PERCEIVED AND ACTUAL COGNITIVE CHANGE: FINDINGS FROM THE SEATTLE LONGITUDINAL STUDY.

A. E. Roth, , J.A. Margrett, S.L. Willis, K.W. Schaie. Department of Human Development and Family Studies, Pennsylvania State University, University Park, PA 16802.

This study examined perceived and actual change in performance on three mental abilities (verbal meaning, inductive reasoning, and spatial orientation) over a 7-year (1984, 1991) interval in Seattle Longitudinal Study (SLS) participants ($N=1084$). Study participant's age ranged from 22 to 93 years, and the sample was divided into three age categories: young ($mean=41.1$, $SD=5.96$), middle-aged ($mean=61.2$, $SD=6.16$), and older adults ($mean=77.6$, $SD=4.93$). For each ability, participants were categorized into three typologies based on the congruence between their actual and perceived change in performance: Pessimists (underestimators of positive change), Optimists (overestimators of positive change), and Realists (accurate estimators of change). Across all abilities, 20 to 26% of participants were categorized as pessimists, 42 to 54% of participants as realists, and 21 to 37% as optimists. Consistent with previous findings (Schaie, Willis, & O'Hanlon, 1994), age effects were found for reasoning ($p<.05$), verbal meaning ($p<.05$), and space ($p<.10$). Contrary to previous findings (Schaie, Willis, & O'Hanlon), there were no gender differences across abilities. Discussion will focus on potential explanations for age differences in congruence type (e.g. family environment, and life satisfaction).

GENDER AND AUTOBIOGRAPHICAL MEMORY

R. Engberg, P. Housen, M. Braziel & M. Simpao
Andrus Gerontology Center, University of Southern California, L.A., CA 90089-0191

Several characteristics of autobiographical memories have been identified, including an increase in the number of memories between the ages of 10 and 30 (Rubin et al., 1986). This surge during the formative and young adulthood life periods has been called the "bump." Participants in the Long Beach Longitudinal Study wrote a statement about a person, event or decision that influenced their lives. A subsample written by 15 men and 20 women between 65 and 93 years of age (M age=79) were analyzed. We found evidence of the bump, with approximately 56 percent of the memories reported originating before the age of 34. However, based on evidence that women experience role transitions during more periods of their lives than do men, we also hypothesized that the bump would differ by gender. We found that women reported more memories from before age 18 than did men, and that they reported more memories from between the ages of 35 and 64.

PREDICTORS OF DEMENTIA IN AGING TWINS

M. Gatz, R. Andel, C. A. Reynolds, N. L. Pedersen
Department of Psychology, University of Southern California, Los Angeles, CA 90089-1061

Although normal aging is associated with decline in some areas of cognition, older adults who later develop dementia seem to demonstrate premorbid cognitive deficits that can be discriminated from normal aging (La Rue & Jarvik, 1987; Nielsen et al., 1999). The purpose of this study was to test for differential patterns of cognitive decline in aging Swedish twins both of whom were cognitively intact, but where one member of the pair went on to develop dementia (18 discordant pairs and 18 intact controls). We found that the twin who later developed dementia showed prospective differences on tests of perceptual speed, but performed similarly on memory and vocabulary. In addition, both members of the pair, including the one who remained non-demented, had lower cognitive scores than members of intact pairs. This was especially apparent in identical twin pairs. By assessing patterns of decline within twin pairs, our study was the first to control for heritability when looking at premorbid cognitive changes indicative of dementia onset.

Supported by NIH AG08724 and AG10175 and the Swedish Council for Social Research.

ACE GENE POLYMORPHISM IN RELATION TO PHYSICAL PERFORMANCE AND COGNITION IN AGING TWINS.

H. Frederiksen, D. Gaist, L. Bathum, K. Andersen, M. McGue, J.W. Vaupel, K. Christensen.
Epidemiology, Institute of Public Health, University of Southern Denmark, Odense University, Sdr. Boulevard 23A, DK-5000 Odense C, Denmark

The focus of the present study was to investigate the relation of ACE genotype with physical and cognitive performance in a population based cohort of 684 aging Danish Twins (mean age ± SD 78.2 ± 4.4). Physical abilities were determined through self-report and measured by handgrip-strength, chair stands and spirometry. Cognitive function was examined with the MMSE, and four other cognitive tests. The twins were examined twice in their homes in 1997 and 1999. ACE genotype showed no relation to physical or cognitive abilities in aging Danish twins at baseline or at follow-up. Age and sex standardization had little influence on the results. Our study leads us to conclude that the association between ACE gene polymorphism and physical and cognitive performance, if at all present in the elder, is weak.

EXAMINING THE EXTENT OF COGNITIVE CHANGE IN OLDER MEXICAN AMERICANS

H. Nguyen, S. Black, K. Markides, L. Ray,
Sealy Center on Aging, University of Texas Medical Branch, Galveston, TX 77555

The MMSE is a cognitive screening instrument commonly used to detect cognitive impairment. It briefly assesses, among others, areas associated with a person's orientation and concentration, attention, recall, language skills, and obeying commands. Previous studies have found a significant effect of age, education, and ethnicity on the MMSE total scores among nondemented old persons. However, few longitudinal studies of population-based community-dwelling Mexican Americans exist. The MMSE data for the present study were extracted from the Hispanic Established Population for the Epidemiologic Study of the Elderly (Hispanic EPESE). A total of 2853 individuals were tested at baseline and subsequently followed longitudinally to assess cognitive changes over a period of 5 years. Scores obtained from the MMSE measure were analyzed to examine cognitive changes over two occasions, controlling for demographic characteristics and comorbid conditions. A repeated MANOVA was used to determine how baseline MMSE scores (higher vs. lower initial scores) were associated with follow-up cognitive changes. In addition, subjects were divided into 3 groups: individuals with less than 9 years, 10-13 years, and 14 or more years of education to test for the compensatory effect of education on the rate of decline. Results showed considerable changes over the two occasions and significant group differences.

RECALL OF INFORMED CONSENT INFORMATION BY DEMENTIA RESEARCH PARTICIPANTS

B.S. Black, P.V. Rabins, J. Kasper, & A. Shore;
Departments of Psychiatry and Health Policy and Management, The Johns Hopkins Medical Institutions, Baltimore, MD 21287

Obtaining informed consent for research participation is a critical aspect of conducting research that is in accord with ethical principles. Research involving subjects who may have dementia presents a challenge to investigators, since there is no well developed method for determining whether capacity to give informed consent for research is present or has been lost and no valid method for determining when a person goes from having capacity to lacking capacity. This study examines the extent to which subjects (n=512) in a dementia research study retained information about the study that was provided in the IRB-approved consent form. Proxy consent was also obtained for all participants. Following the administration of the consent procedures and at the beginning of their study interview, subjects who were at high risk of having dementia were asked a series of questions about the study's procedures and benefits to participants. The data show that 39% of those with probable dementia could report that they would be asked questions about their memory during the study interview, compared with 46% in the cognitively impaired/no dementia group and 65% of the cognitively intact subjects (X^2=6.08,p<.05). The majority (67%-88%) of subjects in each group (X^2=2.63,p=.27) reported that their knowledgeable informant would provide information about the subject to the interviewer, but approximately 1/3 of subjects in each group (X^2=1.96,p=.38) erroneously believed that their memory could be improved by participating in the study. Findings from this less-than-minimal risk study illustrate how vulnerable this elderly population is regarding research participation and how critical the need is to improve the informed consent process.

THE VALIDITY OF SELF-REPORTED DEPRESSSION IN DEMENTED ELDERLY.

A. L. Snow, M. P. Norris, V. Molinari, C. Orengo, R. Doody, M. Kunik. Houston Center for Quality of Care and Utilization Studies, 2002 Holcombe Blvd (152), Houston, TX 77030.

Self-report depression measures are often used because they are inexpensive and easily administered. Yet, the results of the limited number of studies of the factors affecting demented patients' ability to accurately respond to such instruments are equivocal. The purpose of this study was to examine factors affecting validity of self-reported depression in demented elderly. Patients completed the Geriatric Depression Scale (GDS). GDS scores were compared with 3 depression criteria: a caregiver-rated depression scale, a clinician-rated depression scale, and depression diagnoses. The sample consisted of 122 older adults grouped by depression and dementia diagnoses (Depressed Demented, n=29; Depressed Non-Demented, n=28; Non-Depressed Demented, n=38; Non-Depressed Non-Demented, n=27). Two-factor (depression X dementia) ANOVAs were performed for each depression criterion. These analyses found a main effect for depression, but not dementia, and a significant interaction between depression and dementia such that for non-demented patients, GDS scores were significantly higher in the depressed than non-depressed, whereas for demented patients there was no difference. A regression of patient GDS scores found awareness and functional disability, but not physical health or severity of cognitive impairment, were significant predictors. Thus, depression scores appear to be affected by the presence of dementia as well as depression, suggesting problematic reporting in demented patients, and this problematic reporting appears to be highly associated with awareness of deficits.

THE BLOOMER BLOCK ASSESSMENT PROTOCOL FOR SEVERE IMPAIRMENT (BBAP-SI): COMPARISON OF CORRELATIONS AND COMPLETION RATES TO OTHER COGNITIVE MEASURES

S.E. Weaverdyck, C. Beel-Bates, O. Hong, E. Beattie, D. Algase, L. Nyquist, A. Wittle
School of Nursing, 2160 400 NIB 0482, University of Michigan, Ann Arbor, Mi 48109

The BBAP-SI is designed to enable non-neuropsychologists to assess persons with moderate to severe cognitive impairment including nonverbal persons. The BBAP-SI (40 items) requires manipulation of 9 three-dimensional "blocks" along 3 levels of 5 attributes (color, shape, size, thickness, texture). Completion rates and correlations of BBAP-SI scores with scores on the Folstein Mini-Mental State Exam (MMSE), Albert Test for Severe Impairment (TSI), Mattis Dementia Rating Scale (DRS), and the Benton Visual Retention Test-Copy (BVRTC) are compared here. As part of a larger study, all tests were administered to 160 nursing home (n=85) and assisted living (n=75) residents who were right handed, free from acute illness, scored below 24 on the MMSE, and met DSM-IV criteria for dementia. Mean age was 84 yr (range 65-100 yr), 78% were female. 42/160 completed all 5 tests. Completion rates were: BBAP-SI 41% (65), MMSE 71% (117), TSI 78% (124), DRS 36% (60), BVRTC 50% (80). Significant correlations between BBAP-SI and each test was (2-tailed ps<.01): BBAP-SI with MMSE, r= .698 (n=62); TSI, r=780 (N=65); DRS, r=.520 (N=47); BVRTC, r=.490 (N=55). Significant correlations of 42 completing all tests were MMSE, r= .492; TSI, r=.424; DRS r=.509; BVRT, r=.401. BBAP-SI completers and noncompleters were not significantly different on the DRS and BVRTC, but were on the MMSE (n=55 mean= 13.5 vs 10.5) and the TSI (n=59 mean=21.4 vs 17.98). Results suggest the BBAP-SI merits further study.

UTILIZING STRUCTURAL EQUATION MODELS TO EXAMINE CHARACTERISTICS OF AGITATED NURSING HOME RESIDENTS

D. E. Vance, A. B. Stevens, Center for Aging, University of Alabama at Birmingham, Birmingham, AL 35294
D. L. Roth, Department of Psychology, University of Alabama at Birmingham, Birmingham, AL 35294
L. D. Burgio, J. E. Gerstle, Applied Gerontology Program, University of Alabama, Tuscaloosa, AL 35487

Agitation in nursing home residents represents a severe challenge for caregivers. Despite prior research done in this area, the relationship between contextual and resident factors and the occurrence of agitation remains elusive due to the differences in methodology across studies, particularly concerning issues of operational definitions and variations in data gathering. To investigate the relationship between these factors, baseline data from 123 residents was used from a data set of a two-year longitudinal, naturalistic study using computer-assisted behavioral observation along with various pencil and paper measures. Several measurement and causal models were proposed. The exogenous observed and latent variables were cognitive status, public ADLs, private ADLs, vision and auditory status, and gender. The endogenous latent variable was agitation. LISREL models were constructed, and ADL impairment, gender, sensory impairment, and cognitive impairment all had significant direct effects. The indirect path of cognitive impairment and ADL status on agitation was also significant. These findings can be used to augment future study designs as well as help plan appropriate behavioral interventions.

THE RELATIONSHIP OF DISRUPTIVE BEHAVIOR TO PREDEMENTIA PERSONALITY IN NURSING HOME RESIDENTS WITH ALZHEIMER'S DISEASE.

M. Jones, Col. of Nursing, Medical Univ. of SC, 99 Jonathan Lucas St., Charleston, SC 29425.

Despite the prevalence and negative impact of disruptive behaviors manifested by persons with dementia little is known about the relationship of such behaviors to the variables thought to influence their occurrence. Anecdotal writings in nursing, psychology, and sociology literature suggest previous personality to be one of many factors linked with disruptive behaviors. Despite increasing attention from researchers, efforts to explain the relationship of disruptive behaviors to predementia personality remain incomplete. A descriptive correlational design was used to examine the relationship of previous or predementia personality traits to disruptive behaviors associated with elderly nursing home residents diagnosed with dementia. It is hypothesized that increased severity of disruptive behavior will be associated with higher levels of neuroticism and that higher levels of neuroticism will be more strongly associated with the domains of physically aggressive and verbally aggressive behavior. The proposed framework for this study is Algase's need-driven model of disruptive behavior that views the purpose or meaning of disruptive behaviors for persons with dementia to be either an expression of a need or the pursuit of a goal.

44 participants were recruited from two long-term nursing care facilities located in a southeastern urban setting. Analysis of the relationship between the five domains of predementia personality and the four categories of disruptive behavior will be analyzed and presented.

SENSITIVITY AND PSYCHOMETRIC CHARACTERISTICS OF INSTRUMENTS AND TESTS DESIGNED TO DIAGNOSE DEMENTIA IN ELDERLY PEOPLE WITH MENTAL RETARDATION.

J.M. Shultz, and M.G. Aman, The Ohio State University, 465 Moull Street, Newark, Ohio 43055

The population of older persons with mental retardation is one that is rapidly growing. Hence, there is a growing need to be able to detect any cognitive decline and in this clinically important population. In this study, a group of people with mental retardation was compared with another group of adults having both mental retardation and diagnosed dementia. Subjects from the two groups were matched by I.Q., age, and diagnosis of Down Syndrome. Because of the practical problems involved in locating those with known dementia and mental retardation, we networked with centers known to have an interest in mental retardation and aging via the internet and listserves. This is the first known study to directly compare the two best-known instruments to assess dementia in this population. In addition to the two published dementia assessments, two novel performance tasks were developed to see if they also were useful in separating subjects with and without dementia. Results indicate that the two dementia assessments and the two performance tasks do discriminate significantly between those subjects with dementia and those without. Results on the assessments were not related to I.Q., age, or gender of the subjects. It would appear that all four instruments may be useful in the detection of dementia in persons with mental retardation.

Eating difficulties and survival in a population of Nursing Home demented patients

A. Bianchetti, G. Bellelli, M. Ponte, T. Metitieri, C. Leorin and M. Trabucchi §

From "Ancelle della Carità" Hospital, Cremona, and § University of Rome and Geriatric Research Group Brescia, Italy

Introduction. Eating difficulties are very common in demented patients and include a number of disorders such as necessity to be fed, refusal of food and chronic dysphagia which are frequently encountered also in the early stages of dementia (1,2). However, despite a great emphasis has been placed on the nutritional problems occurring in the advanced stage of dementia, less studied are the eating disorders appearing in the early stages of disease. The present study aimed to assess the eating difficulties of a population of demented nursing home residents estimating the relationship of these disorders with the overall mortality.

Methods. One hundred-eighteen nursing home residents with dementia were surveyed for the presence of eating difficulties with a specific questionnaire (2). All patients underwent a complete geriatric assessment including cognitive (MMSE, CDR), functional (BANS-s) (3), somatic (Charlson Index) (4) and nutritional status (Body Mass Index). The mortality rate was estimated at 3 years.

Results. Patients were very old (mean age = 86.1±7.9 years), predominantly females (83.9%), with a mean duration of disease of 7.7±3.5. Furthermore they were severely impaired in cognitive and functional status (MMSE = 5.3±6.2, CDR = 3.1±1.0, BANS-s = 16.3±4.8) and slightly undernutrited (BMI = 21.8±4.6). All patients feed themselves or were fed by natural means at the start of the study. Eating disorders were very common (n=87, 68.0%) and included 3 different behaviors: 1) patients who had to be fed without other eating problems (n=62, 50.4%), 2) patients who refused food although they were able to swallow it (n=50, 39.1%), 3) patients who choked on liquid and/or solid food, some of whom also refusing food (n=39, 30.5%). The mortality rate during 3 years following the survey was higher in patients having eating difficulties than in non having (p = .02 Cox regression) independently to the use of tube-feeding or percutaneous endoscopic gastrostomy.

Conclusions. Eating difficulties occur in a majority of demented patients. Our data suggest that clinical attention must be given to these problems not only during the more advanced stages of dementia; moreover data indicate that tube-feeding implementation is not related with life prolongation.

PERCEPTIONS OF DEMENTIA AND HEALTH BEHAVIORS AMONG DEMENTIA CAREGIVERS IN KOREA

Y. K. Chee and S. E. Levkoff, Department of Social Medicine, Harvard Medical School, Boston, MA 02115

With the explosion of population aging in Korea, health professionals are increasingly being called upon to better understand needs and utilization of formal support of caregivers to dementia-impaired elders. Little research has been conducted to identify perceptions of illness affecting coping with chronic illness among Korean caregivers. The specific goal of this study was to examine the association of explanatory models of dementia with health behaviors. Ten female caregivers for elders with dementia were interviewed with a semi-structured interview questionnaire. Age ranged from 32 to 58, educational attainment was 14 years on average, and household income varied from $12,000 to $70,000. The interviews were conducted in Korean, then transcribed, and translated into English. Nine of 10 caregivers attributed their relative's illness to a combination of the biomedical model with three other conceptions of illness: (1) normal aging; (2) mental illness; and (3) an emotional problem. Perceptions of dementia as normal aging were most commonly expressed through culture-specific idioms. Four themes in the association of perceptions of dementia with service utilization emerged: (1) stigma attached to mental illness / not using services; (2) normal aging / stigma attached to help-seeking from outside; (3) normal aging, emotional problem / actively seeking help; and (4) biomedical model of disease / actively seeking help. These findings highlight the complex interplay of illness attributions, family values, and health behaviors. Implications for educational outreach and interventions are discussed.

INDIVIDUAL vs. GROUP APPROACH FOR STUDYING AND INTERVENING WITH DEMENTED ELDERLY PERSONS: METHODOLOGICAL PERSPECTIVES

A. Libin, J. Cohen-Mansfield, Research Institute, Hebrew Home of Greater Washington, 6121 Montrose Road, Rockville, MD 20852.

Methodological background. The interdisciplinary field of aging studies experiences the same crisis in research methodology as any other field of human sciences. This crisis reflects an imbalance between two traditional ways of studying personalities: *idiographic*- when the analysis aims at examining single individuals and *nomothetic*- which employs group methodology and use of aggregate statistics in order to highlight general tendencies across individuals. **Research Design.** A research design which aims to balance the two approaches is exemplified in an ongoing NIA-funded research program labeled 'Treatment Routes for Exploring Agitation (TREA)'. The program utilizes a series of complex cycles beginning with studying background variables. Individual preferences are identified based on previous experiences, and physiological and mental profiles are characterized. Individualized treatment plans are implemented. Both treatment vs. placebo group statistics and individual outcome variables are analyzed. **Practical and theoretical implications.** Prospective personality and differential psychology findings indicate that knowledge about aggregate tendencies is not the same as knowledge about individuals, and individual behavior cannot be explained in terms of general tendencies. Our model serves to balance the approaches based on the *aggregate paradigm* together with methods derived from the *idiographic paradigm*. [Support by NIA grant 1 R21 MH59617-01].

COGNITIVE IMPAIRMENT IN NONAGENARIANS THE DANISH 1905-COHORT STUDY

K. Andersen[1], H. Nybo[2], M. McGue[1], D. Gaist[2], B. Jeune[2], J. W. Vaupel[1,2], K. Christensen[1,2]
[1]Danish Center for Demographic Research &
[2]Epidemiology, Institute of Public Health, University of Southern Denmark
Sdr. Boulevard 23A,1,DK-5000 Odense C, Denmark.
[1]Dept. of Psychology, University of Minnesota, USA

To examine the cognitive function in a large population based sample of nonagenarians all persons born in 1905 and living in Denmark in 1998 were eligible for the study. Participants were interviewed during a home visit, and their cognitive function was measured with the Mini Mental State Examination (MMSE). If an individual was not able to participate in the tests information on cognition was collected from proxy responders. Of 3,600 eligible individuals 2,262 (63%) participated in the study. Based on the MMSE score (< 24 points) or proxy reports 58% of the participants were judged to have some level of cognitive impairment. Men scored on average 0.86 points higher on the MMSE than women (P=0.006). Women had a higher risk of scoring below 24 on the MMSE, even after adjusting for education, odds ratio = 1.42 (95% CI 1.15 – 1.75). The proportion of nonagenarians with cognitive impairment is substantially higher that the proportion of nonagenarians found suffering from dementia. Women may have a higher prevalence of cognitive impairment than men.

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Elders' Satisfaction with and Use of Community-Based Long-Term Care Services: The Intervening Affect of Physical Functioning

M. Drzewiczewski and J. Kolodinsky Department of Community Development and Applied Economics, University of Vermont, Burlington, VT 05401

As individuals age, their level of functioning decreases and the need for assistance increases. Many individuals would prefer to remain in their homes, and community-based care services enable elders to remain independent. This project assesses satisfaction with the quality of and use of community-based long-term care services with a focus on the intervening affect of physical functioning. A simultaneous relationship between satisfaction and utilization is proposed and tested. The model for analysis is a synthesis of research on service quality, health care utilization, and physical functioning. Predisposing, enabling, and need characteristics of the population in addition to specific characteristics of the health care system, detailed measures of physical functioning and service utilization are used to predict. Results indicate that the relationship between satisfaction and utilization is simultaneous. The number of services received impacts satisfaction and satisfaction has a significant effect on utilization. In addition, the use of services nor satisfaction are not significantly different for individuals above a certain level of disability, compared to those below that level.

THE USE OF CLINICAL PROTOCOLS TO STANDARDIZE ASSESSMENTS, TRAINING, AND OUTCOME MEASUREMENTS IN DEMENTIA CARE

J. Branin, University of La Verne, La Verne, CA 91750; C. Garcia, & H. S. Mendelsohn, Huntington Senior Care Network, Pasadena, CA 91105.

Research has shown that the use of clinical protocols to define standards of care can improve quality and enhance appropriate utilization of health care and social services. The purpose of this research project was to evaluate the effects of the use of clinical protocols on the standardization of assessments, training, and outcomes measurements in dementia care. Clinical practices were standardized through the use of an educational training intervention, one-on-one mentoring, and the incorporation of clinical protocols into existing chart forms. Care coordinators' scores on the Alzheimer's Disease

Knowledge Test significantly improved before and after the training seminars and at 18-month follow-up. A retrospective review of 42 client charts indicated a significant difference in the assessment of medical treatment for treatable causes of dementia (p=.05), the assessment of possible environmental changes to resolve problematic behaviors (p<.01), and the assessment and treatment of caregiver stress by providing education (p<.05) before and after the training intervention. In conclusion, clinical protocols can be successfully used to standardize clinical assessments, training, and outcomes measurements in dementia care.

EFFECTS OF DONEPEZIL ON AFFECT, ENGAGEMENT, COGNITION, AND ACTIVITIES OF DAILY LIVING IN RESIDENTS OF A DEMENTIA UNIT

C. J. Camp, M. M. Lee & C.D. Phillips
Myers Research Institute, Menorah Park Center for Senior Living, 27100 Cedar Rd., Beachwood, OH 44122

Donepezil has been found to have some positive effects for community-dwelling elderly with Alzheimer's disease. Little is known about its effects in populations with more severe dementia and serious comorbidities. The effects of donepezil were examined in three groups of residents (N=39) on a dementia unit in a long-term care facility over 6 ½ months. The first group received medication 7 weeks after study entry. The second group received medication 13 weeks after study entry. The third group never received medication. Observers, blind to residents' medication status, measured the length of time that residents displayed anxiety, sadness, and pleasure, twice weekly. Length of time that residents spent actively engaged (making verbal/motor response to surroundings), passively engaged (looking/listening to surroundings), and in their room was also observed. Cognitive functioning and ability to perform activities of daily living (ADL) were derived from the Minimum Data Set, completed by nursing staff at five points during the study. Data were calculated for three time periods, each lasting approximately 7 weeks: 1) baseline status prior to receiving medication; 2) transitional period to allow the medication to reach therapeutic levels; 3) after therapeutic level had been reached. Separate repeated measures analyses were performed to evaluate differences between the comparison and each treatment group on affect, engagement, cognition, and ADL's. Across both sets of analyses, no significant findings that indicated a positive effect for the medication were revealed. Within this sample of dementia unit residents in a long-term care facility, donepezil does not appear to robustly influence observed affect, duration of environmental engagement, level of cognitive performance, or ADL functioning.

TREATMENT FOR EXECUTIVE FUNCTION DEFICIT IN DEMENTIA

M. S. Rose, S. Orsulic-Jeras, M. Bourgeois, A. McClelland, B. White, & C. J. Camp. Myers Research Institute, Menorah Park Center for Senior Living, 27100 Cedar Rd., Beachwood, OH 44122

In a series of case studies, a new approach to treatment of executive function deficits in dementia was explored. First, external aids were created, such as a series of cards with steps printed for a self-care activity. Persons with dementia learned to utilize such aids, e.g., follow the steps in sequence, by means of behavioral techniques such as backward chaining and vanishing cues. A key component of the intervention, however, also included training the individual to attend to the external aid at the appropriate time and place. This involved a second therapeutic approach--spaced-retrieval (SR), a shaping paradigm that enables persons with memory deficits to learn and retain new associations over clinically meaningful time frames (days, weeks, months). In this study, SR was used to teach persons with dementia a strategy for when, how and where to utilize external aids accurately and effectively. As a result, such individuals were able to overcome deficits in executive function and to achieve individually selected therapeutic target goals.

PRESERVING THE PAST FOR IDENTITY IN THE PRESENT.

S.A. Hendrix, B.K. Haight, College of Nursing, 99 Jonathan Lucas Box 403 Medical University of South Carolina, Charleston S.C. 29425.

The loss of speech and ability to tell who they are, by people with Alzheimer's, is a major impediment to their feelings of self worth ,self-esteem and to conversing with friends and family. This is a qualitative study to examine the value of focusing on someone with Alzheimer's to give them a tool for identification, based on their past personal history. A modified life review with a person with dementia was done by an advanced practice nurse. This allowed the person to recall events and people who were important to them throughout their life. These memories were compiled in a Life Story Book using snapshots, memorabilia, and pictures depicting specific events. The emphasis throughout was on the memories important to the person with Alzheimer's and a book that reflected their memories. The book was left in the home at the end of the intervention to be used by the person with Alzheimer's and their family. There were 50 subjects who completed this process . A one year follow up showed interesting and varied uses the family found for the Life Story book. Equally interesting were reasons for the non-use of the book. The book was used until late stages of the disease, by family and health professionals, for communication and self recognition by the patient.

PERSONAL CONTROL AND QUALITY OF LIFE OUTCOMES IN AD

Sandy C. Burgener, Indiana University School of Nursing, 1111 Middle Drive, Indianapolis, Indiana 46202-5107
J. Csokasy, Indiana University School of Nursing, Kokomo, Indiana

One under-examined, yet relevant, predictor of quality of life (QOL) outcomes in persons with dementia (PWD) is perceived personal control. It is now widely accepted that PWD are able to provide reliable and valid information regarding their own responses to the disease process. Using Lawton's conceptualization of QOL, a longitudinal study (N=96 PWD, 96 caregivers) of predictors of QOL outcomes in PWD is now in its third year of continuous data collection. Personal control has been found to decline over the disease process (x=29.7 at baseline compared to 25.3 at 18 months), with the lowest personal control found in PWD in nursing homes. Personal control is associated with a number of QOL outcomes, with correlations ranging from r=-.53 with depression to r=.32 with psychological well being, and significantly predicting to depression at 18 months (t-2.27, p=.02). As perceived control is amendable to intervention, these findings may support the importance of facilitating personal control as PWD move through the disease process.

THE CREATION OF A TAPESTRY OF CARE

Val Meredith
Manager Support Services, Alzheimer's Association WA
PO Box 1509, Subiaco, WA 6904, Australia

There are few opportunities for family and professional carers to express their feelings and concerns within a structured and artistic framework. Such an opportunity occurred when the Alzheimer's Association WA hosted the National Alzheimer's Conference in September 1999. The theme for this Conference was "A Tapestry of Care – Creating a Pattern for Dementia Management." During the three-day conference carers were invited to express their feelings about dementia onto a calico square, which would later be sewn into a literal "Tapestry of Care". Many conference delegates responded, and the results have been overwhelming in their design, intensity and scope. The quotations on these calico squares include: "Where have you gone my dear one?" and "The difference between a flower and a weed is a judgement". The designs are striking, and include broken hearts, linked chains and rainbows. Slides of individual squares, as well as the tapestry itself, demonstrate the desperate plea of carers to be listened to, understood and valued.

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CONSUMING THE SENIOR HOUSING ENVIRONMENT

P.C. Carder, Institute on Aging, PO Box 751, Portland State University, Portland, OR 97207.

PARTICIPANTS:

P.C. Carder (PSU) Consuming the Assisted Living Environment.

K. Lyman (Chaffey College, 1190 Berkeley, Claremont, CA 91711) Designing for Dementia: Just Another Disability.

M. Perkinson (Washington University School of Medicine, 4444 Forest Park Blvd., St. Louis, MO 63108) & D. Rockemann (Cathedral Rock Corp., St. Louis, MO 63130) Consumers of CCRCs: Aging in Shangrila

J.R. Salmon (Florida Center on Aging, University of South FL, #30437, Tampa, FL 33620) Voices of Assisted Living Consumers: What We Want, What We Get.

G. Weisman (Inst. On Aging & Environment, Univ. of Wisconsin-Mulwaukee, Milwaukee, WI 53201) Negotiating a new place type: Definition, marketing and consumption of adult/dementia day care.

DISCUSSANT:

S.M. Golant (Dept. of Geography, University of Florida, Gainesville, FL 32611)

The senior housing environment is treated as a consumer product like any other product available for purchase. Contemporary marketing strategies (re)present the frail senior as a consumer who *chooses* to purchase a unit equipped with emergency pull cords and a handicapped-accessible bathroom. This consumer *chooses* assisted housing because it helps her maintain her independence, helps him find his way back to his own room, or because she prefers a "home-like" setting. Based in part on the sociology of consumption, these papers consider how senior housing is designed to meet "consumer" demand. Qualitative research in four environments is presented: assisted living facility, Alzheimer's care unit, day care, and continuing care retirement community. Does senior housing respond to or create consumer demand? In assisted housing, the individual consumes both the physical environment and care. Although seniors might choose assisted housing, need (physical, cognitive, social) is at the root of this choice. American citizens know how to be consumers (e.g., clothing, gasoline, electronic gadgets) but do we know how to be consumers of senior housing? The discussion revolves around ways that the consumer metaphor affects work practices, marketing, architecture, and resident expectations. Objectives include providing a new theoretical approach to studying senior housing and reconsidering how it is "sold" to potential consumers, not only residents, but also their adult children, policy makers, and regulators.

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COMMUNITY-BASED LONG-TERM CARE RESEARCH AND POLICY: WHAT DO WE KNOW, WHAT SHOULD WE DO?

Larry J. Polivka, Florida Policy Exchange Center on Aging, 4202 E. Fowler Ave., #30437, Tampa, FL 33620.

This session will focus on a discussion of research in long-term care and its implications for policy over the next decade. The scope and rigor of long-term care research has increased considerably over the past decade and we now have findings that constitute a reliable source of information for guiding the development of long-term care policy. This session will consist of the following presentations.

Participants:

Pamela Doty, Office of Assistant Secretary for Planning and Evaluation, Washington, DC. *Is Consumer-Directed Care a Feasible Approach to Long-Term Care for the Frail Elderly?*

Stephen Golant, University of Florida, Department of Geography, Gainesville, FL. *Community-Residential Care Alternatives to Nursing Homes: An Overview of the Literature.*

Rosalie Kane, Institute for Health Services Research, Minneapolis, MN 55455. *How Can We Best Measure the Quality of Life in Long-Term Care?*

L. J. Polivka, Florida Policy Exchange Center on Aging, Tampa, FL 33620. *The Relative Cost-Effectiveness of Home Based Alternatives to Institutional Care: An Overview of the Literature.*

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OUTCOMES OF ASSISTED LIVING.

R. Kane, School of Public Health, University of Minnesota, 420 Delaware Street, SE, Box 197, Minneapolis, MN 55455
S. I. Zimmerman, Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill, 725 Airport Road, Box 7590, Chapel Hill, NC 27599

PARTICIPANTS:

A. Sales, S.C. Hedrick, J. Sullivan, S.L. Gray, M. Curtis (HSR&D, VA Puget Sound Health Care System, Columbian Way, Seattle, WA 98108) Characteristics of Community Residential Care Providers and Facilities in Washington.

S.C. Hedrick, A. Sales, J. Sullivan, S.L. Gray, M. Curtis (HSR&D, VA Puget Sound Health Care System, Columbian Way, Seattle, WA 98108) Residents in Community Residential Care in Washington State.

R.A. Kane, R.R. Whitebird, J.E. Gaugler (School of Public Health, University of Minnesota, Minneapolis, MN 55455) How Service Patterns Affect Outcomes in Apartment-Style Assisted Living.

P.D. Sloane, S.I. Zimmerman, A. Gruber-Baldini, R. Hebel (Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, 29799) Outcomes of Mid-Stage Dementia: How Do Nursing Homes and Assisted Living Differ?

S.I. Zimmerman, P.D. Sloane, J.K.Eckert, R. Hebel, S. Stearns, J. Magaziner, J. Walsh, T. Hodlewsky (Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, 29799) Factors Affecting Hospitalization Rates of Assisted Living Residents.

DISCUSSANTS:

R. Kane (School of Public Health, University of Minnesota, Minneapolis, MN 55455)

S. I. Zimmerman (Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill, 27599)

Various forms of assisted living have been under study for years, but information about resident outcomes are just now becoming available. Information about outcomes is especially important as it can inform the selection of quality indicators. This session will present findings from three large studies of assisted living cohorts (more than 3000 residents in total, across nine states), reporting on factors related to resident mortality, discharge, hospitalization, function, mood and satisfaction; resident and facility factors that relate to outcomes will be highlighted. Discussion will address common data elements and findings across all three studies, and implications for policy, practice, and further research. *This session is sponsored by the International Assisted Living Foundation of the Assisted Living Federation of America.*

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IS NEED ENOUGH? ADDITIONAL PATHWAYS TO SERVICE UTILIZATION.

M. Cantor, Graduate School of Social Service, Fordham University, 113 West 60th Street, New York, NY 10023.
M. Brennan, Lighthouse International, 111 East 59th Street, New York, NY 10022-1202.

PARTICIPANTS:

M. Cantor & M. Brennan. (Fordham University, Lighthouse International) Pathways to Service Utilization: The Effects of Ethnicity, Class and Culture.

J.A. Krout and H.H. Holmes (Gerontology Institute, Ithaca College, Ithaca, NY 14850) The Impact of Relocation to a CCRC on Community Based Service Utilization.

B. H. Rinehart (Fordham University, New York, NY 10023) Senior Housing as a Pathway to Service Utilization.

R.J. Taylor, L.M. Chatters, and K.D. Lincoln, (University of Michigan, Ann Arbor, MI 48109) Family And Church Support Networks Among African Americans.

J. P. Reinhardt (Lighthouse International, New York, NY 10022-1202) The Role of the Informal System in Promoting Vision Rehabilitation Service Use.

DISCUSSANT:

B. Silverstone (Lighthouse International, New York, NY 10022-1202)

Research on service utilization has consistently reported need factors as the strongest predictors of formal service use by the elderly. However, such research has also suggested that other micro and macro factors when combined with need operate to increase the likelihood of formal service use. Secondary factors fall into several categories: specific pathways such as connection to the welfare system and type of housing; the level of knowledge and attitudes regarding existing services and the role of religious institutions and the informal system is promoting service use. This symposium will examine these factors from several perspectives in an attempt to understand the role they play in connecting older people to services over and above the level of need. Ways in which policy makers and service providers can incorporate these factors in service planning, delivery and outreach will be discussed with the goal of enhancing knowledge about how to insure the participation of the elderly in a variety of formal service settings.

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THE PRACTICE OF HIV/AIDS EDUCATION AND PREVENTION PROGRAMS FOR OLDER ADULTS.

A.P. Rae, Law, Policy, & Society Program, Northeastern University, 36 Gage St., Needham, MA 02492.

PARTICIPANTS:

N. Linsk (National Association on HIV Over Fifty, Jane Addams College of Social Work, Univ. of IL at Chicago 60612) Educating and Supporting Older Adults Regarding HIV: Programs and Resources in the US.

J.P. Fowler (National Association on HIV Over Fifty, Kansas City, Missouri 64108) Promoting HIV/AIDS Prevention in Older Adults Through Media and National Lectures.

A.P. Rae (Northeastern Univ., Needham, MA 02492) Perception and Reality: Council on Aging Directors and HIV/AIDS

M.L. Kusanic (Area Agency on Aging, Phoenix, AZ 85014) Partnership Between Aging Agencies and the HIV Community.

C. Williams (D.C. Office on Aging, Washington, DC 20001) Practice and Evaluation: Promoting Older Adults' HIV Issues among Senior Organizations in an Urban Environment.

DISCUSSANT:

C.C. Poindexter (School of Social Work, Boston University, Boston, MA 02215)

The combination of diseases such as AIDS, changing life style choices, and increasing numbers of older adults contributes to the continuing need for education and prevention programs in the gerontological community. A variety of programs currently focus on enabling older adults how to make healthy life style choices and to avoid risky behaviors. This symposium will review several such efforts: a national program to eradicate HIV/AIDS in the over 50 population; an aging services provider's perspective on advocacy and education in an urban setting; a discussion on knowledge and perspective of HIV among Council on Aging directors; the use of the media by an HIV infected older adult; and a program partnering aging services organizations and the HIV community.

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TRACKING PUBLIC SECTOR MANAGED BEHAVIORAL HEALTH CARE PROGRAMS FOR OLDER AMERICANS

Christina N. Hughes, Robinson, G.K., Linkins, K.W., and Lamphere, J.A., The Lewin Group, Public Health and Finance Division, 3130 Fairview Park Drive, Suite 800, Falls Church, VA 22042

The number of states with public sector managed behavioral health programs has tripled in the last three years. This study surveyed states with such programs about their coverage of older persons. The following research questions framed the study: 1) are states with managed behavioral health care programs serving the elderly?; 2) if so, how, in terms of structure, benefit coverage, and financing mechanisms?; and 3) how do managed behavioral health care programs that include the elderly compare to managed behavioral health care programs for the general population with respect to structure, benefit coverage, and financing mechanisms? Data sources included an Expert Panel, a mail survey, and secondary data from other 50 state mental health services tracking studies. This study found that: 1) most states do not cover older persons in their public sector managed behavioral health programs; 2) most programs covering the elderly do not tailor benefits, services, or provider mix to meet the needs of this population; 3) most plans serving the elderly use a combination of funding sources; and 4) programs that include the elderly place the managed care entity at financial risk while individual providers remain reimbursed on a fee-for-service basis. Although the movement to public sector managed behavioral health plans provides an opportunity to re-craft benefits, financing mechanisms, and provider requirements, currently few states place a priority on designing plans that address the behavioral health needs of older persons.

IS HELP ON THE WAY?
MENTAL HEALTH SERVICE DELIVERY TO OLDER ADULTS LIVING IN COLORADO

Brian Kaskie & Neal Wallace. Institute For Health and Aging. University of California, San Francisco, San Francisco, CA 94118

In 1995, the State of Colorado implemented a Medicaid demonstration program that introduced two capitated models of mental health service delivery. One model provided payments directly to non-profit community mental health centers, and the other financed joint ventures with for-profit managed behavioral healthcare firms. We examined the service use patterns across the two models with data obtained by the Center for Mental Health Services at the University of California, Berkeley. Our results revealed contrasting service use patterns across the two models. The number of older Medicaid beneficiaries who received services decreased by 50% (N = 435) in the CMHC model while service use increased 15% (N = 114) in the managed behavioral healthcare model. Further analysis of the individuals' diagnostic status indicated that the CMHC model restricted service delivery to all but the most seriously mentally ill older adults, and the joint ventures increased access for the seriously ill as well as those with less persistent illnesses. This study provided critical information about different models of managed mental health care, and raised concerns about the contrasting patterns of service use among older Medicaid beneficiaries.

MISMANAGEMENT, FRAUD AND ABUSE IN THE IMPLEMENTATION OF MEDICARE PARTIAL HOSPITALIZATION MENTAL HEALTH POLICY

B.E. Karlin & M.P. Norris
Department of Psychology, Texas A&M University, College Station, TX 77843-4235

Partial hospitalization (PH) provides intensive outpatient mental health services to individuals with severe mental illness, and is an effective alternative to hospitalization. PH enables individuals with severe psychopathology to receive treatment while maintaining their independence and involvement in the community; thus, it is often especially appropriate for older adults with chronic mental illness. Prior to 1990, Medicare covered PH services provided only in a hospital setting. As part of the Omnibus Budget Reconciliation Act of 1990, Medicare PH policy was broadened to include services rendered in a community mental health center (CMHC). This minor change in reimbursement policy led to dramatic and unexpected changes in the delivery of PH services to older adults, including an exponential rise in Medicare expenditures for PH services and an influx of new providers into the Medicare Program. Between 1993 and 1997, payments to CMHCs for PH services increased nearly 500 percent, with the average payment per patient rising 530 percent. These changes were the result of errors in implementation by the Health Care Financing Administration and the submission of fraudulent claims and the provision of inappropriate services. Awareness and recognition of the partial hospitalization calamity and how it evolved is essential for the prevention of future mishaps and the continued sustenance of the Medicare Trust Fund.

DEPRESSION-RELATED HEALTH CARE SERVICE UTILIZATION AMONG MEDICARE HMO ENROLLED OLDER ADULTS BASED ON DEPRESSIVE SYMPTOMS

Rajesh Balkrishnan, Roger T. Anderson, Beverly Jones, and Fabian Camacho, Departments of Public Health Sciences and Psychiatry & Behavioral Medicine, Wake Forest University School of Medicine, Winston-Salem, NC 27157

The prevalence of depressive symptoms in older adults has been linked to significant decreases in physical functioning, quality of life, and increased medical morbidity. We compared the trends in post-enrollment health care service utilization in Medicare HMO enrolled adults with and without depressive symptoms at time of enrollment. A cohort of 8,512 older adults were followed up for 2 years after completion of a comprehensive health risk assessment battery that also measured depressive symptoms using the Center for Epidemiological Studies Depression scale, which was administered at time of enrollment in the plan. Nearly 22.7% of the population had depressive symptoms at time of enrollment, but only 4.4% of the population utilized depression-related health care services. Only 8.9% of the population with depressive symptoms as opposed to nearly 3.2% of patients without depressive symptoms, utilized depression-related health care services. We found that the increase in total health care charges due to depression-related health care service utilization was 1.7 times higher in patients without depressive symptoms ($p<0.001$) than patients with depressive symptoms at time of enrollment. Our findings suggest that many older adults with depressive symptoms do not obtain medical care for depression, and do not account for majority of the depression-related health care service utilization. Detection and treatment of depressive symptoms early may be key in reducing potentially avoidable medical events and health care service utilization in older adults.

ANTIDEPRESSANT USE AMONG THE ELDERLY

S. Crystal, R. Kumar, U. Sambamoorthi, J. Harman, J. Walkup, M. Olfson; Institute for Health, Health Care Policy, and Aging Research, Rutgers U, New Brunswick, NJ 08901; U of Pittsburgh

With the advent of newer antidepressants such as the selective serotonin reuptake inhibitors (SSRIs), there are indications that prescribing of antidepressants for elderly patients is increasing. However, older patients may be reluctant to define their problems as psychiatric or accept referral to a psychiatrist, and may be more likely to receive treatment from generalist physicians; Medicare also incorporates some financial disincentives for mental health specialty care. It is therefore important to understand trends in antidepressant use in specialty mental health and primary medical care sectors for this population. We used data from the National Ambulatory Medical Care Surveys conducted in 1985, 1993-1994, and 1995-1997 to estimate the proportion of elderly patients' office visits during which an antidepressant was prescribed. This proportion increased from 3.0% in 1985 to 4.8% in 1995-97 for visits to primary care physicians, from 47.4% to 55.7% for psychiatrists, and from .9% to 1.8% for other specialists. The great majority of antidepressant visits – 82.4% in 1985 and 82.0% in 1995-97 -- were provided by primary care physicians and non-psychiatric medical specialists. Similarly, the majority of visits with a diagnosis of depression took place outside the mental health sector at each time point. These results suggest that most treatment of depression in the elderly takes place outside the specialty mental health sector. These findings highlight the importance of efforts to evaluate and improve quality of care for geriatric depression provided in the general medical care sector.

COPING WITH BEREAVEMENT AMONG OLDER WIDOWERS.

V. E. Richardson and S. Balaswamy
Office of Geriatrics and Gerontology & College of Social Work, The Ohio State University, Columbus, Ohio 43210

The dual process model of coping with bereavement, recently proposed by Stroebe and Schut, is applied to an analysis of positive affect, negative affect, and over-all well-being among 200 elderly widowers. Loss-orientation and restoration-orientation are operationalized by measuring the circumstances of the wife's death and by assessing dating behaviors and social interactions with neighbors, friends, and church members, respectively. Results from multiple regression analyses of early and later bereaved widowers support an oscillation process in which both loss and restoration factors are crucial in all stages of bereavement. Loss-orientation variables are, however, crucial predictors of negative affect during early bereavement ($R^2=.39$) while restoration-orientation variables explain most of the variance ($R^2=.40$) for positive affect among the later bereaved. Implications for theories of bereavement and bereavement counseling for elderly widowers are made.

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PAN-AMERICAN AGING CONGRESSES: SAO PAULO, SAN ANTONIO AND BUENOS AIRES: COLLABORATION FOR RESULTS.

Roger McCarter, 7703 Floyd Curl D., San Antonio, TX 78284 and Miguel Acanfora, Buenos Aires, Argentina, Co-Chairs.

Participants

N. Sayeg (Sao Paulo, Brazil) Laying the Foundations for Collaboration Among Researchers, Practitioners and Policy Experts from South and North: An Auspicious Start for Inter-American Gerontological Cooperation.

R. McCarter (San Antonio, TX). Institutionalizing Geronotological Collaborative Efforts Across National Borders: Lessons From the San Antonio '99 Congress.

M. Acanfora (Buenos Aires, Argentina). Setting the Collaborative Agenda for the 2003 Pan American Congress in Argentina.

Discussant

J. Sykes (Madison, WI)

Following the pattern in each of the International Association on Gerontology's Regions, the North American Regional Committee (NARC) and

(COMLAT) inclusive of scientific societies in the rest of this hemisphere, established the Pan America Congress to bring together researchers, educators, practitioners, policy and administrative experts to exchange ideas. At the first Congress, a foundation for cross-national and cross discipline collaboration was laid. The response to initial announcements for the 1995 and 1999 congresses provided ample evidence that a large and growing number of gerontologists welcomed the opportunity to share their findings and their questions. As plans for the 2003 Pan American Congress are being developed, the three principal leaders of the Congresses will present their perspective on the place and value of the Pan American Congress in the crowded conference agendas both South and North. Following brief presentations, the audience will be invited to help shape the Congress agenda.

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CULTURAL INFLUENCES ON PERCEPTIONS OF BURDEN AMONG SOUTH ASIANS

Rashmi Gupta, Private Practitioner, India Association of North Texas.

Research targeting the elderly among ethnic minorities in the United States has primarily focused on cultural factors and caregiving issues of the African Americans and the Hispanics. However, little is known about the cultural factors that predict caregiving among South Asian families.

The objective of this study is to examine the cultural and demographic factors that influence elder caregiver burden in South Asian families in the Dallas-Fort Worth area. A sample survey of 118 households with an elderly person receiving care was conducted. Primary caregivers were interviewed using telephone interviews. The key findings from a regression analysis suggest that caregivers that identify with Asian cultural norms perceive less caregiver burden than those care givers who do not. However, caregivers who have lived in the U.S. for a long time perceive greater burden than the rest of the caregivers. A discussion of the implications of these finding for the provision of services for caregivers of the elderly in the South Asian population in Dallas-Fort Worth area are provided. Policy makers and human service providers must be more attentive to the level of acculturation in South Asian families and tailor policies and programs accordingly.

LINKING FORMATIVE EVALUATION OF MENTAL STATUS ASSESSMENT TO PRACTICE THAT IS SENSITIVE TO AFRICAN-AMERICAN ELDERLY.

Mary E. Knox, M.S.W. & Thomas Pastorello, Ph.D.; Syracuse University School of Social Work; Syracuse, New York 13244.

The history of mental health assessment of African-Americans, reaching back to the Eighteenth Century and slavery, is one of misunderstanding, insensitivity and misuse of practice power. ("Drapetomania," or flight-from-home madness, was once the assessment made of slaves who attempt to flee their bondage.) Today, mental status assessments of African-American elderly demonstrate cultural insensitivity that fosters misdiagnosis and inappropriate treatment or placement.

At a major health care center in Central New York, a formative evaluation of mental status assessment procedures and forms was undertaken for the purpose of developing a culturally sensitive instrument. African-American scholars, mental health professionals and clients, as well as all staff were interviewed for collaborative input to the formative development process. Narratives were submitted to qualitative analysis using Prolog artificial intelligence software.

Consensus was reached on the format and content of a culturally sensitive mental status instrument for African American elderly, and a plan for implementation as well as validity and reliability testing. The products of this research, and implications for staff training, conclude the report to be presented.

OLDER JAPANESE-AMERICAN GAY MEN ON DEFINITIONS OF FAMILY. PRIMARY AND SECONDARY SOURCES OF SOCIAL SUPPORT

Michael Cheang. Center on Aging, University of Hawaii at Manoa, 1960 East-West Road, Honolulu, Hawaii 96822

How do older Japanese-American gay men define "family"? When dealing with the realities of aging in a world where older homosexual individuals are multiply prejudiced for being racial minorities, old and gay, do they seek support from their biological families or do they seek support from individuals outside of their biological families? What kinds of support do they seek in later years? If support is sought from "families" of their own selection, who would these individuals be? What roles and functions do these individuals assume in providing support? The aim of this study is to gain deep insights into these intriguing questions. Using the case study as a research strategy, two Japanese-American men in their 60s were followed for six months of on-going in-depth interviews. Findings indicate that: 1) Biological family members are not sources of support for matters relating to being gay because of issues of shame and embarrassment, 2) There is considerable exercise of discretion in seeking support, 3) There is a complex system of support where different individuals provide different types of support, and 4) Gay friends may be a part of their social network, but may not be confidants.

TRANSLATING BREAST CANCER (BrCa) RESEARCH INTO EDUCATION FOR ELDER ASIAN AND PACIFIC ISLANDER (API) WOMEN IN CALIFORNIA (CA)

SS Merrill, CMRI, 1 Sansome St., Suite 600, San Francisco CA 94104-4448

BrCa research and breast health promotion/education have made great strides in the last 25 years, recently focusing on specific ethnic communities with high BrCa mortality and/or low screening rates. BrCa mortality rates are increasing fastest in U.S. API communities. "API" comprises over 57 ethnic communities in the U.S., with widely varying rates of BrCa mortality and incidence (e.g., mortality is highest for native Hawaiian women; Vietnamese women are least likely and Japanese women most likely to screen). More research has been conducted among communities long in the U.S. (Filipino, Chinese) than recent immigrants (Laotian, Hmong). BrCa education for API women reflects communities' commonalities (provider misinformation) and differences (language, beliefs, values). An educational public health campaign, based on recent BrCa research in API communities, was developed to increase awareness of BrCa and provide education to both older API women in CA (45% of all API Medicare beneficiaries ages 65+ live in CA) and health care providers (HCP). API community organizations are essential for translating research into culturally appropriate education pieces (language translation, reading level, message tone, culturally appropriate symbols and colors, dissemination strategies, community acceptance). HCP education includes message that API women do get breast cancer (still a common misconception), provides patient education materials and physician reminders to screen older patients. Community and HCP response has been strong: more women request screening and providers request materials.

SOCIAL RELATIONS OF THE JAPANESE ELDERLY IN RURAL, URBAN, AND INNER-CITY AREAS OF JAPAN -A COMPARATIVE STUDY AMONG THREE DIFFERENT COMMUNITIES-

H. Ishikawa, and D. Maeda, Faculty of Social Work, Japan Lutheran College, Mitaka, Tokyo,181-0015 Japan, T. Shibusawa, School of Social Work, Columbia University, New York, NY, 10025-7982, T. Ogawa, School of Literature, Kyushu University, Fukuoka,, 812-8581, Japan

Purpose: Even though empirical studies on social network and social support of the elderly in Japan have increased in this decade, very little data about social relations exists to examine different communities such as rural, urban, and inner city area. The purpose of this study is to compare and examine the characteristics of social network and social support in these three different areas. **Method:** Surveys were conducted in Towa-cho in 1993, a rural community with the highest percentage (more than 45% of whole populations) of aged, with 530 respondents (aged 60+), in Toyohashi City in 1994, a urban community with 520 respondents (aged 60+), and in Mitaka City in 1995, an inner city community with 474 respondents (aged 60+). Structured face-to face interviews were conducted at each site. Social support consisted of instrumental support and emotional support. Social network was measured by the revised LSNS (Lubben Social Network Scale). **Results:** With regard to social support, there were little differences in instrumental support among the three groups. On the other hand, there was clear difference in emotional support. The Towa-cho Japanese elderly showed a greater degree of emotional support, indicating a cultural difference between three communities. Social network also differed across communities. The Towa-cho elderly had the largest and strongest social network among the three different areas, indicating the presence of both family centered network and extensive network ties. **Conclusion:** There were clear differences of social support and social network for the Japanese elderly among three different communities. The results showed that even though Towa-cho had the highest percentage of aged in Japan, their support network system was strong and active. This might be not due only to cultural and regional characteristics as a Japanese traditional rural area but also due to residents' mutual concern in this aged town, which means that they are trying to help each other because of the lack of social services.

HYPERTENSION (HTN) IN ELDERLY CHINESE IMMIGRANTS

Z-B. Huang, W.L. Lam; C. Davitt. Geriatric Med.
St.Vincent's Hospt. & Med. Ctr., NY, NY 10011

HTN control ($BP<140/<90$) rate in China is much lower than in the U.S and the incidence of stroke in China is among the highest in the world. One study of homebound elderly in NYC revealed significantly higher prevalence of HTN and stroke among Chinese patients than among their non-Chinese counterparts. We surveyed a group of 199 elderly Chinese aged 60 or over attending a New York City Senior Center in Chinatown. The age of the subjects was $73.4+7.0$ years (mean $\pm$ SD) and 54.1% were men. The length residing in the U.S. was $22.5+13.3$ years (mean $\pm$ SD). Using new (I) and old (II) criteria of the National Health and Nutrition Examination Survey (NHANES) [I. BP $\geq 40/\geq 90$ (either systolic or diastolic) or taking anti-HTN drugs; II. BP $\geq 160/\geq 95$ or taking anti-HTN drugs], women had a significantly higher HTN prevalence than men (78.9% vs. 63.3%, and 63.6% vs. 50.5%, for criteria I & II respectively, $P<0.05$). At $\geq$ the $160/\geq 95$ level, women had significantly lower rates of HTN awareness, treatment, and control (73.7%, 66.7%, and 45.6%, respectively) than men (90.9%, 83.6%, and 67.3%, respectively, $P<0.05$ for all comparisons). This gender incongruity is different from the data of the third NHANES, in which elderly women had higher rates of HTN awareness, treatment, and control. Our study suggests that elderly Chinese Americans may have a high HTN prevalence and many, especially women, may be untreated or undertreated. Further studies are warranted to ascertain the magnitude of this problem.

IMPACT OF CARE-RECEIVING ON THE PSYCHOLOGICAL WELL-BEING OF JAPANESE ELDERS

Y. Kawamuro, Kawamuro Memorial Hospital, 71 Kita-Shimbo, Joetsu, Niigata, Japan 943-0109, T. Yamazaki, M. Miyazaki, S. Iwano, K. Kaizu, Jyoetsu Geriatric Welfare Association, T. Shibusawa, Columbia University School of Social Work

Most studies on caregiving relationships address caregiver stress and burden. Very little research has been conducted on the stress and burden that are experienced by elders who receive care. This study examines the experiences of elders who receive care from their family members, and assess the impact of care-receiving on their psychological well-being. Structured interviews were conducted with frail elders who receive care from family members in the areas of eating, grooming, bathing, and going to the bathroom (N=125). Problems such as anxiety, discomfort, and interpersonal difficulties with the caregiver were delineated. Regression analysis found that fear of being left alone, perceived mistreatment, and inability to assert needs to the caregiver were associated with poor psychological well-being. Male care-recipients reported more depressive symptoms than their female cohorts. Results indicate the importance of considering care-receiving stress as an important predictor variable when examining psychological well-being among elders.

CANCER AND THE FAMILY: DIFFERENCES IN PERCEPTIONS AMONG AFRICAN AMERICAN AND WHITE AMERICAN OLDER LONG-TERM CANCER SURVIVORS

K. Bowman, G. Deimling, P. Sage, M. Schaefer, Department of Sociology, Case Western Reserve U., Cleveland, OH 44106; B. Kahana, Cleveland State U., Cleveland, OH 44115; V. Smerglia, U. of Akron, Akron, OH 44325.

Although cancer is a disease of the entire family unit, little is known about how it affects the family, particularly families of older, minority, long-term survivors. This study explored differences in reports of the impact of cancer on the family among African American (n=60) and White American (n=60) survivors whose mean age is 72.8 years and who are, on average, 11 years post-treatment. Fewer African American survivors reported that their original diagnosis was distressing, disruptive, and likely to cause family members to be fearful about the future compared to White American survivors. Fewer African Americans than White Americans said their families were involved in their health care during cancer treatment. African Americans were less likely than White Americans to report that their families were hopeful about the future since their treatment. This study's findings emphasize the need for health care professionals to be sensitive to racial and ethnic diversity when working with cancer patients and their families.

ACCULTURATION AND DEPRESSION AMONG ELDERLY RUSSIAN-SPEAKING IMMIGRANTS

T.V. Tran[1], T.H. Sung[2], G. Khatutsky[3] & K. Conway[4]

[1]Boston College, Graduate School of Social Work, 216 McGuinn Hall, Chestnut Hill, MA 02467. [2]Boston College, Department of Psychology [3]UMASS Boston, Institute of Gerontology. [4]Boston College, Graduate School of Social Work

This study has two specific aims: (a) to identify the factors that predict acculturation and depression, and (b) to investigate the relationship between acculturation and depression among elderly Russian-speaking immigrants. We conducted a cross-sectional survey with 300 elderly Russian-speaking immigrants aged 60 and older who reside in a metropolitan area of a Northeastern State in the USA. The survey questionnaire was translated from English to Russian through a rigorous procedure of cross-cultural translation including, forward and backward translation, focus group and expert evaluation, and a pilot test. Trained bilingual and bicultural interviewers collected data. We used OLS regression in our data analysis. The results reveal that age predicted both acculturation and depression. Older elderly immigrants experienced a lower level of acculturation and depression. However, elderly who were more acculturated tended to suffer fewer depressive symptoms than those less acculturated. Health status predicted acculturation and depression in such a way that elderly immigrants with a better health status were more acculturated and less depressed. Living arrangement predicted depression but not acculturation. Elderly immigrants who lived alone were more depressed than those who lived with others. Education predicted acculturation but not depression. Elderly immigrants who arrived in this country with higher levels of education were more likely to show higher levels of acculturation than those with lower levels of education.

These findings have both practice and research implications. We suggest the need for innovative cultural and language training programs designed specifically for elderly immigrants in order to help with the acculturation process, thereby improving mental health status. More research on acculturation and depression should be conducted among different linguistic and cultural groups of elderly immigrants. SRPP5

Women Veterans' Perceptions of their Military Experience and VA Healthcare.

A. Huynh-Hohnbaum, J. Damron-Rodriguez, V. Villa, H. Jue, and N. Harada.

Veteran Identity Program, VA Greater Los Angeles Health Care System, Los Angeles, CA 90073

Purpose: Improving access to VA healthcare may be approached from a framework that considers women's identity with their military service. The aim of this qualitative study is to describe how race/ethnicity, age, and military experiences influence womens' use of VA healthcare. **Methods:** Two focus groups were conducted, stratified by war cohort (WWII/Korean Conflict and Vietnam/Persian Gulf War). Reasons why women use or do not use the VA, as well as suggestions for improvement, were assessed. Content analysis of transcripts was performed using QSRNUDist. **Findings:** On average, women had a mean age of 58 years, 59% had incomes below $30,000/year, 53% were married or widowed, and 67% belonged to a veteran organization. Common themes that emerged across all racial/ethnic groups regarding womens' military experiences included gender discrimination either through segregation or sexual harassment. Women identified obstetrics, sexual abuse counseling, mammograms, and hysterectomies as the services most needed. **Conclusion:** Women veterans have unique military experiences impacted by gender, which frame their perception of the VA healthcare system. **Implications:** Understanding the relationship between womens' military experiences and their use of health care has policy implications for planning future women's services.

RESEARCH WITH LATINO CAREGIVERS: THE DELIVERY OF A HEALTH EDUCATION PROGRAM

B Ramos, R Toseland, T. Smith, Institute of Gerontology, State University of New York at Albany, 135 Western Avenue, Albany, NY 12222

This study examines the effectiveness of a Health Education Program (HEP) for Latino caregivers. HEP, a multi-component group program for caregivers, includes problem solving, health education, coping strategies, and support. The delivery of this program, originally designed for HMO patients, was adjusted for applicability to a Latino community sample. Culturally and linguistically relevant strategies will be discussed. These include (1) conducting groups in Spanish, (2) translating HEP manual and survey instruments; (3) gathering health information in Spanish from local and state agencies, (4) handling participants' monetary compensation in a culturally sensitive manner, (5) employing bilingual research assistants and group facilitators, (6) working collaboratively with the Latino communities; and (7) addressing other cultural and social factors specific to caregiving among Latinos.

Results of the baseline to eight-week impact of HEP will be reported. Preliminary analyses reflect a positive outcome measurement change for caregivers attending HEP.

This study reflects an effort to increase research participation of older Latinos, a group thus far under-represented in caregiving studies (Funded by the Agency for Health Care Policy and Research, U.S. Department of Health and Human Services)

RACIAL DIFFERENCES IN HEALTH INSURANCE COVERAGE IN LATER YEARS: COMPARATIVE STUDY BETWEEN ASIAN AMERICANS AND NON-HISPANIC WHITES

D. Lee, Gerontology Institute, University of

Massachusetts, 100 Morrissey Blvd, Boston, MA 02125.

This study intends to investigate determinants which distinguish Asian American elders from non-Hispanic white elders in access to the different types of health care coverage. It also aims to provide important information to assess policy related to barriers to health care and the financing health care among different racial groups. The data for this study are taken from the nationally representative National Health Interview Survey (NHIS): Health Insurance Supplement in 1995 (N=12,467). The sample for the analysis are Asian American elders (N=227) and non-Hispanic whites (9379). Multinomial logistic regression analyses were used to probe factors -- demographic, socio-economic status, and health and functional status associated with the different types of health care coverage. Major finding is that Asian American elders are significantly more likely to be covered by Medicaid program, even their income distribution is similar with that of non-Hispanic whites. Among the all factors specified, education and income level were significantly related to types of health care coverage. Less education, insufficient income (employment history) and cultural barriers for Asian American elders make them disadvantaged in private health care coverage and even in Medicare program.

REFUGEES' CONSUMERS REPORT FORMAL SERVICES UTILIZATION AND SATSIFACTION BY OLDER ADULTS FROM THE FORMER SOVIET UNION

Debra Greenberg Division of Geriatrics, Montefiore Medical Center, Bronx NY 10467

Accessing adequate health care has been identified as a challenge faced by the growing number of minority elders in the US who confront financial, language and cultural barriers to medical care. Since the collapse of the FSU in 1991, over 30,000 older refugees have immigrated to the US. Raised in a social welfare state that guaranteed rights such as health care, their response to our health and social welfare system has been unique. In a cross sectional, non-probability study of life satisfaction in for those immigrating in old age, older Jews who arrived since 1991 (n= 62) were interviewed on many variables including health status (IADL, ADL), health and social service utilization and level of satisfaction with services. As this is a young-old population, mean age of 76.5, 81% needed no help with ADL, and 75% needed no help with IADL. However, service utilization was high 100% received medical care, Medicaid and SSI and 94% food stamps. While in Growing Older in NY (1993) only 1/3 of those who reported functional impairment received services, in this study 42% received some home care service and 71% participated in Adult Day Care. Level of satisfaction was high with medical (66.7%) and social services (77.8%). Unlike studies of other minority elders who underutilized services (Mui, Burnette, 1994), these older adults are similar to younger, white older adults in utilization of service, perhaps due to greater cultural acceptability and awareness of services in this community. Further research on bridging barriers to care could be enhanced by continued investigation on a population that appears to have successfully dealt with them.

THE ROLE OF BATHROOM MODIFICATIONS IN REDUCING BATHING DIFFICULTY

C. Matsuoka and J. Pynoos, Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191.

Home modifications are intended to maintain independence and make tasks easier. This study examined the ability of bathroom modifications (i.e., grab bars and shower chairs) to reduce older adults' difficulty bathing, independent of socio-demographic characteristics and functional ability. It used data from the Survey of Asset and Health Dynamics (AHEAD), a nationally representative sample of community-dwelling older adults (n=6666). Results indicate that the degree of functional limitations rather than variables such as increased age were the strongest predictors of bathing difficulty. In addition, the likelihood of having difficulty bathing was reduced from 1.42 to 1.16 (p=.03) for persons who had bathroom modifications, indicating that they buffer the negative impact of functional limitations. Therefore, although bathroom modifications do not completely solve the bathing difficulties of older adults, their presence can lessen the demand of the environment on individuals, making tasks easier.

THE EFFECT OF THE PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) ON INSTITUTIONAL AND COMMUNITY BASED CARE UTILIZATION

M. A. Newsom and N. Kardos

Erie County Community Alternative Systems Agency, Coordinated Care/Erie County Dept. of Social Services, Buffalo, NY 14202

It has been suggested that PERS can help disabled or frail elderly adults maintain independence, thus reducing the need for institutional and community based services. The purpose of the present study was to examine long-term care utilization patterns among a sample of Medicaid homecare recipients in relation to their use of PERS. Utilization data were collected per annum before and after the purchase of PERS for the intervention group (N=259). A comparison group (N=168) was selected from the same population and matched by variables associated with utilization such as age, gender and level of functional independence. There were no within-group nor between-group differences for homecare utilization. With respect to hospitalizations, the PERS group had less days from pre to post and the non-PERS group had more days. Both within-group comparisons however, were not statistically significant. The PERS group had fewer hospitalization days compared to the non-PERS group, but this difference also failed to reach statistical significance. The non-PERS group was significantly (p<.01) more likely (18.7% vs. 8.9%) than the PERS groups to be placed in a nursing home during the post intervention period. The evidence suggests that PERS may reduce the utilization of institutional care, but it does not appear to have any effect on homecare utilization.

PROMOTING ASSISTIVE TECHNOLOGY (AT) AND HOME MODIFICATION (HM) FOR OLDER ADULTS: A SURVEY OF STATE REHABILITATION AGENCIES

D.J. Sheets, P.S. Liebig, Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191

Currently, an estimated 54 million Americans have disabilities and these number will rise rapidly by 2020 as 75 million Boomers enter later life and face increased risk for disability. State rehabilitation agency roles in promoting AT and HM are increasingly vital for older adults with disability. A 1997-98 survey was conducted to determine how they address the AT and HM needs of this age group. A 49-question, 11-page survey of closed and open-ended questions dealing with agency policies and budgets and state-initiated AT/HM policies and programs was mailed to administrators of the 81 Rehabilitation Agencies (RAs) and Blind/Visually impaired Agencies (BVIs). A total of 52 agencies (64%) representing 42 states, one territory and the District of Columbia responded. Findings include: few programs for these clients despite age-related changes in disability, and a lack of relevant staff training. Major barriers are lack of funds, finding competent providers, and keeping up with AT changes. Overall, the findings indicate that older adults, especially those with independent living needs, are not well-served by these agencies. AT/HM funding is relatively low, impacting agency priorities in this area. The changing demographics of disability, while partly recognized, have not led to more services for older adults. Recommendations for additional funding and State Technology Act Project roles are suggested.

PREDICTION OF INTERNET USE IN THE GERIATRIC POPULATION USING THE PATIENT'S FUNCTIONAL STATUS.

Yong. Shi MD, J. Shua-Haim MD, J. Smith RNC, Y. Hong Kuo.
Geriatric Fellowship Program, Jersey Shore Medical Center, Neptune, New Jersey.

Purpose: To identify if an elderly individual's functional status can predict Internet usage.

Methods: In a prospective study (one week), all elderly patients who came for office visits were evaluated regarding their interest and usage of the Internet. A questionnaire was used to collect information regarding age, sex, family status, living arrangements, computer availability, and Internet use. Functional status was also evaluated using ADL & IADL scales. The setting is an outpatient office accepting only Medicare patients. Individuals included in the study were only those with normal/near normal ADL's & IADL's (no more than two impaired items).

Results: A total of 142 patients met the inclusion criteria. Mean age of Internet users was 76.8 compared to non-users, which was 79.1. Only 32 (22%) patients claimed to use a computer at home & only 12 (8.4%) used the Internet. A multiple logistic regression analysis was performed for the presence of any association between Internet use and all the functional items in the ADL & IADL scales. From the ADL & IADL items, only driving status was associated with the use of the Internet. After adjusting for the different factors, the p-value for each were as follows:

Factor	p-value
Age	0.46
Gender	0.62
Driving	0.09
Living alone	0.32

Conclusion: Driving status was highly predictive of Internet use in the elderly population.

PROCESS MAPPING: A GRAPHIC REPRESENTATION OF A COMMUNITY-BASED GERONTOLOGICAL SERVICE SYSTEM

B.A. Hirshorn, D.M. Pluto,
Institute for Families in Society and School of Public Health, University of South Carolina, Columbia, SC 20208

In response to population aging, a growing influx of retiree in-migrants, and a changing economic base, a recent study focused on providing information to facilitate planning and resource allocation for community-dwelling residents 60 and older in a South Carolina county. The study used five research modalities to examine older residents' informal support and programmatic and non-programmatic formal support. One of these, process mapping, is a method for developing, through participatory research, a graphic picture of a service system(s) using specific symbols to designate specific system features (e.g. the system's processes, decisions, connections between component parts). This presentation uses study data and products to (1) present the system-level and service-level questions the mapping process answers, (2) discuss the methodological design and specific tasks involved, and (3) explain the utility of the products – the resulting map and accompanying narrative.

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MEDICARE TODAY AND TOMORROW: A VIEW FROM CALIFORNIA

One (30 minute) color videotape and 90 pp. discussion guide/1999.

Produced by the National Academy of Social Insurance with assistance from Kleimann Communications Group and Uncle Milty Productions.

This videotape and accompanying discussion guide is designed for Medicare policy makers, individuals seeking to advocate on behalf, and ordinary citizens seeking to learn about the major issues currently facing the Medicare program. The videotape features excerpts from ten diverse focus groups held with current and soon-to-be Medicare beneficiaries in California in 1998. In the first half of the videotape, participants discuss their experiences with managed care and the role it does/should play in Medicare. In the second half of the tape, participants consider policy options to address Medicare's long-term challenges. In addition to yielding useful information about Medicare in California, the tape underscores how Medicare beneficiaries and others willingly grasp complicated technical information about Medicare when provided in a clear manner. This discussion guide reinforces the lessons learned from the focus groups and shows others how they might hold their own structured discussions to engage the citizenry in the Medicare policy debate.

Contacts: Michael E. Gluck, Ph.D. and Jill Bernstein, Ph.D., National Academy of Social Insurance, 1776 Massachusetts Ave NW, Ste 615, Washington, DC 20036

You and Your Physician: Partners in Health Care

One (16 minute)/color videotape/1999
Produced by New England Research Institute

This video is designed to help older adults take a more active role in their health care. It demonstrates how to develop better communication with one's doctor(s), and shows what to do before, during, and after a doctor's visit. The video, together with its very thorough facilitator's guide and 'Preparation Book and Diary for Doctor Visits', is an excellent resource for enabling and empowering older adults to truly become partners in their health care.

Contact: James Vanden Bosch
Terra Nova Films
9848 S. Winchester Ave., Chicago, IL 60643
800.779.8491; FAX 773.881.3368
e-mail jvb@terranova.org

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COMPLEX SYSTEMS AND AGING.
G.E. McClearn & G.P. Vogler (Center for Developmental and Health Genetics, Pennsylvania State University, University Park, PA 16802)
PARTICIPANTS:
G.E. McClearn (Pennsylvania State University). The Products of the Sciences of Complexity: A Window-Shopper's View.
G.P. Vogler (Pennsylvania State University). Tools for Variance Decomposition in Models of the Genetics of Complex Systems.
S.M. Boker (Notre Dame University). Methods for Estimating the Complexity of Systems in Gerontological Data: From Long Time Series to Mixed Cross-Sectional/Longitudinal Designs.
J.R. Nesselroade (University of Virginia). Alternative Dynamic Factor Models for Cognitive Aging.
F. E. Yates (University of California, Los Angeles). Development Complexities. Senescence Simplifies. What's Going On?

The processes of aging constitute a highly complex system, whether or not the underlying causes are simple or complex. In recent years, along with increasing clarity of understanding concerning interactions among known genetic loci has been the parallel development of structural modeling techniques that permit the examination of interactions of the collectivities of (as yet) anonymous genes that constitute the polygenic systems underlying complex, continuously distributed phenotypes and a broad array of environmental influences. The science of complexity, such as hierarchy theory, general systems theory, catastrophe theory, and related fields, has developed methods of conceptualizing such system phenomena and bears promise of providing new and powerful insights into lifespan developmental processes. This symposium will examine some concepts from complexity science as well as its novel tools and illustrate their application to gerontological issues.

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PRESIDENTIAL SYMPOSIUM: ETHICAL IMPLICATIONS OF MEDICALLY EXTENDING HUMAN LIFE.
S. Austad. University of Idaho. Department of Biological Sciences. Moscow, ID 83844-3051.
PARTICIPANTS;
S. Austad & D. Lind (Depts. of Biological Sciences & Philosophy, University of Idaho). Ethical Considerations in the Use of Genetic Engineering to Extend Human Life.
S. J. Olshansky (Center on Aging, Health, and Society, University of Chicago). The Quest for Immorality: Ethical Issues Involving Demographic Changes with Human Life Extension.
M. Lichtenstein (Dept. of Medicine, University of Texas Health Science Center at San Antonio). What Kind of Care Do You Want When It's Your Turn to be Ill?
Terrie Wetle (Deputy Director, National Institute on Aging). Living better, Living Longer: Prospects and Implications of Life Extension.

Due to better treatment and management of degenerative disease and likely major breakthroughs in understanding fundamental aging processes, medical science will continue, perhaps with an accelerated pace, to extend human life in the future. Significant ethical issues arising from human life extension involve: (a) use of genetic engineering on human adults and embryos required to achieve such life extension; (b) the social and economic impact of an increasing number of elderly people; and (c) effects of an increasing number of elderly on the quality and distribution of medical treatment. The symposium will review these issues from the perspectives of biology, medical care, behavioral and social sciences, and public policy.

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HOSPITAL SIDERAIL USE: AN HISTORICAL, EMPIRICAL AND LEGAL EXAMINATION

E. Capezuti, University of Pennsylvania School of Nursing, Philadelphia, PA 19104-6096.

PARTICIPANTS:

B.L. Brush & E.A. Capezuti (Boston College School of Nursing, Boston, MA) A Historical Analysis of Siderail Use in American Hospitals.

E. Capezuti, M. Bourbonniere, N. Strumpf, & G. Maislin (University of Pennsylvania School of Nursing, Philadelphia, PA) Siderail Use in a Large Urban Medical Center, 1994-1997.

S. Wexler, N. Brennan, & T. Cortes (Mount Sinai NYU Health New York, NY) Siderail Reduction in an Acute Care Setting.

J. A. Braun & E. Capezuti (Law Offices of Julie A. Braun, Glenview, IL) Legal Implications of Hospital Siderail Use.

DISCUSSANTS:

R. R. Neufeld & J. M. Dunbar (The Jewish Home & Hospital/Mt. Sinai School of Medicine, NY, NY)

L. Mion (Mount Sinai NYU Health/Mt. Sinai School of Medicine, NY, NY)

Siderails are the most commonly employed intervention to prevent bed-related falls and injuries. In response to recent evidence documenting negative outcomes associated with siderails coupled with new governmental regulations, hospitals are beginning to examine routine siderail use.

Effective fall reduction programs emphasize the importance of a comprehensive assessment process and often use multifactorial interventions. Changing current practice depends partially on understanding how practices become "ritualized." Introducing alternative interventions to siderail use will also depend on changing common perceptions of legal liability.

This symposium describes historical antecedents of current hospital siderail use, siderail prevalence data from one large urban medical center, the results of a siderail reduction intervention project, and an analysis of legal liability issues.

Supported by the NOVARTIS Foundation for Gerontological Research.

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Improved Quality of Life (QOL) Correlated with Decreased Cytokine Levels in Geriatric Wasting. Yeh, S*., Wu,S, Levine,DM, Olson,JS, Stevens,MR, Schuster, MW Dept. of Medicine, Northport VAMC, NY; Dept. of Preventive Med. SUNY at Stony Brook, NY; The Rogosin Institute, NY; Bristol-Myers Squibb Company, NJ; and Dept of Med. The New York Hospital –Cornell Medical Center, NY

The geriatric wasting syndrome is a common problem among nursing home residents. It not only correlates with profound physiological consequences but is also associated with a progressive decline in quality of life. Cachexia is associated with elevated cytokine levels or their receptors such as tumor necrosis factor (TNF), Interleukin-6 (IL-6) and soluble Interleukin-2 receptor (sIL-2R). Intervention with progestational agents such as megestrol acetate (MA) has been shown to stimulate appetite in cancer, HIV and geriatric wasting. We examined the correlation between QOL and cytokine levels in a randomized, double-blind, placebo-controlled trial of 69 nursing home residents with geriatric wasting. QOL was examined by validated instruments that examine appetite, sense of well being, and enjoyment. Improvement in appetite ($p = 0.004$), enjoyment of life ($p = 0.025$) and overall sense of well-being ($p = 0.045$), were seen in the MA-treated group. The improvement in appetite correlated with enjoyment of life ($r = -0.41$) and improved sense of well-being ($r = 0.36$). Rising prealbumin indicating improved nutritional status showed a negative correlation with cytokine levels, including IL-6 ($r = -0.51$), TNFRp 55 ($r = -0.49$), sIL-2R ($r = -0.38$). This study shows that successful treatment of geriatric wasting is associated with a drop in cytokine levels and improvement in QOL. It is not clear whether the cytokine levels represent a surrogate marker for the cachexia or whether they play a role in its etiology.(CM-1)

Does Stair Climbing Speed Predict Self Reported Walking Difficulty? Gregory PC,Fan MY, Xue QL, Fried LP. The Johns Hopkins University School of Medicine. 5601 Loch Raven Blvd. POB 403, Baltimore, MD 21239.

While walking speed predicts walking difficulty and stair climbing speed predicts stair climbing difficulty, we propose that stair climbing speed will predict walking difficulty.

Methods: The Women's Health and Aging Study II (WHAS II) is a a community based cohort of women aged 70-79. Baseline one meter(1m) and four meter(4 m) walking speed and stair climbing speed were standardized into continuous speed measures and fit into logistic regression models to determine the risk of incident preclinical and physical disability at 18 month follow up. **Results**: A slower baseline walking speed was predictive of incident disability in walking. A slower stair climbing speed was predictive of incident pre-clinical and clinical disability in walking.

	Preclinical Disability	Clinical Disability
1 m Walk speed (1SD)	2.01 (p>.06)	**2.19 (p=.005)**
4 m Walk speed (1SD)	1.33 (p>.10)	**1.94 (p=.01)**
Stair climb speed(1SD)	**2.63 (p=.05)**	**3.99 (p<.001)**

Conclusion: Walking speed is predictive of clinical disability. Stair climbing speed is predictive of both preclinical and incident disability in walking. Stair climbing speed appears to be a better predictor of incident disability in walking. This suggests that it may more sensitively identify those at risk of becoming disabled.

QUALITY OF LIFE IN ELDERLY WITH COPD

S Peruzza, F Tiozzo, P Albanese, C Pisent, E M Inelmen, G Nante, G Sergi, G Enzi

Department of Surgical and Medical Science, University of Padua, Via Giustiniani n 2, 35100 Padua, Italy

In elderly chronic obstructive pulmonary disease (COPD) could impair functional status and quality of life

We examined 60 patients aged 75±5 with COPD and 60 healthy subjects without chronic disabling diseases similar as age and BMI. The patients underwent spirometric tests, blood gas analysis and Walking Test (WT) for six minutes. Moreover quality of life was performed by following questionnaires: Saint George Respiratory Questionnaire (SGRQ), Barthel Index, Depression Geriatric Scale (GDS), MMSE and Dispnea Index. Patients affected by COPD showed during WT less walked meters (259.9±79 vs 329.5 ±78.1 mt, p<0.01) and lower SatHbO$_2$ values (89.1±5.2 vs 94.1±2.0 %, p<0.01). COPD patients had a worse outcome in Barthel Index, GDS and Dispnea Index. No difference was found in MMSE between COPD and normal groups. The severity of COPD evaluated by FEV1 correlated both with minimal SatHbO$_2$ (r=0.35, p<0.05) and with walked meters (r=0.37, p<0.05). Moreover FEV1 correlated in COPD with Barthel (r=0.37, p<0.05), Dispnea Index (r=-0.47, p<0.05), GDS (r=-0.41, p<0.01) and SGRQ (r=-0.35, p<0.05). Walked meters during WT correlated with all performed questionnaires. In conclusion COPD in the elderly is a disabling disease that impairs functional ability, mood and quality of life. This link seems to depend on severity of disease.

STUDY OF RESPECT FOR ELDERS: CONCERN OVER THE DECLINE AND POSITIVE SIGNS AMONG THE YOUNG

K. T. Sung, School of Social Work & Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0411

How the young treat the elderly is critical factor. This study explored the ways in which young adults convey their respect to elders. Based on data from a survey of university students, a dozen of forms of respect for elders were measured. Out of these forms, six were frequently practiced. A typology of the forms signifying respect for elders is presented. Unanticipatedly, nearly all of the subjects mentioned that they respected the elderly by demonstration of one or more of these forms. Factors that influenced the subjects to respect elders were elicited by interviewing them. The most frequently cited factor was parental influence. There was little evidence of the influences from the school. There have been statements of concern over declining respect for elders. However, there are convincing signs that the young adults respect elders. Needs for preserving these positive signs and suggestions for future research are discussed.

IDENTIFYING COMMON SERVICE NEEDS AMONG LONG-TERM CARE RECIPIENTS: RESULTS OF A STATEWIDE POLICY TO DEVELOP A UNIFORM FUNCTIONAL ASSESSMENT TOOL

R. Akkerman & N. Bergstrom, University of Texas-Houston, Center on Aging, 7000 Fannin, Suite # 720, Houston, TX 77030.

A 1997 Texas legislative mandate required the state Health and Human Services Commission to examine the feasibility of using a single functional assessment to determine the service needs of long-term care (LTC) clients. The goal was to reduce system fragmentation and establish a common method of communicating about service needs. Although many reliable and valid functional assessment tools exist, most have been developed for use with specific populations (e.g., Adult, Inpatient, Child). The Texas Instrument of Functional Assessment (TIFA) was developed to assess all LTC clients regardless of age, diagnosis, or healthcare setting. The present study examined the reliability and validity of the TIFA on a sample of 516 LTC clients drawn from a variety of settings (e.g., foster homes, state schools, assisted living facilities, and nursing facilities). The statewide sample was ethnically diverse with slightly more females (57%). Inter-rater reliability ranged from .89 to 1.00 with test-retest reliability from .57 to 1.00. A principle axis factor analysis identified five factors accounting for 70% of the variance; Activities of Daily Living, Instrumental Activities of Daily Living, Social-Cognition, Mobility, and Disruptive Behaviors. The TIFA demonstrated validity with current state LTC functional measures. Results support the possibility of utilizing a single functional assessment to describe LTC service needs across all state agencies.

FACTORS ASSOCIATED WITH DRIVING PERFORMANCE IN A COHORT OF OLDER DRIVERS

R.A. Marottoli, G. Doros, E.D. Richardson, P. Peduzzi, Clinical Epidemiology Unit and Department of Internal Medicine, VA Connecticut Healthcare System, West Haven, CT 06516 and Yale University School of Medicine, New Haven, CT 06510.

Most attempts to determine the factors associated with driving performance have focused on individuals with a single disorder, such as cognitive or visual impairment. The purpose of the present study was to determine the association of functional abilities, health status, driving patterns, and demographic features with on-road driving performance among 446 subjects age ≥ 70 years recruited from internal medicine clinics and community sources (senior housing complexes, senior centers, and volunteer groups). Driving performance was assessed by an experienced evaluator in a dual-brake-equipped vehicle on a standardized route. Among the factors significantly associated with driving performance were: age ($p<.001$), MMSE score ($p<.01$), visual attention ($p<.05$), neck rotation ($p.05$), blocks walked/day ($p=.03$), miles driven ($p=.002$), and adverse driving events in the past year ($p=.007$). Once refined, such an approach may be helpful in allowing clinicians to determine who needs more detailed evaluation of functional abilities and possible interventions to enhance safety.

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DOING/ADVISING/MENTORING QUALITATIVE RESEARCH: STUDENT AND FACULTY PERSPECTIVES

K. W. Piercy, Department of Family & Human Development, Utah State University, Logan, UT 84322-2905.

PARTICIPANTS:

H. Ravdal, Ph.D. Program in Gerontology, University of Kentucky, Lexington, KY 40536-0230. Notes from a "Newbie": Finding a home in qualitative research.

B.T. Stalvey, C. Owsley, Departments of Ophthalmology and Health Behavior, University of Alabama at Birmingham, Birmingham, AL 35294. The utility of qualitative methods to evaluate an educational intervention for high-risk older drivers: A doctoral student perspective.

C.A. Price, Gerontology Program, Southwest Missouri State University, Springfield, MO 65804. The good, the bad and the beautiful: The reality of a qualitative dissertation.

P.M. Usita, Department of Child Development and Family Studies, Purdue University, West Lafayette, IN 47907. Semi-structured interviews: Listening and learning.

G.D. Rowles, Sanders-Brown Center on Aging, University of Kentucky, Lexington, KY 40536-0230. On being there: Mentoring qualitative research.

DISCUSSANT:

K. W. Piercy, Department of Family & Human Development, Utah State University, Logan, UT 84322-2905.

Qualitative studies in aging have become more common in recent years. Yet limited opportunities or supports for learning how to do this type of research create wariness about conducting qualitative studies among some students and scholars. The purposes of this symposium are to convey to students and scholars the benefits of conducting qualitative research in aging and to encourage them to do qualitative studies. Perspectives from scholars at several stages of their careers will be shared, including graduate students, junior faculty and senior scholars. Featured topics include: The utility of qualitative methods in developing new ways of thinking about phenomena and understudied populations, the utility of combining qualitative and quantitative methods to enrich studies of older adults, and the role of mentors in developing scholars who conduct qualitative research. Frequent concerns such as committee selection, time commitments and publication of the work will be addressed.

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TECHNOLOGY AND AGING: RECENT DEVELOPMENTS IN TEACHING AND LEARNING

V. Ujimoto, Department of Sociology & Anthropology and Centre for Information Technology Research, University of Guelph, Guelph, Ontario, N1G 2W1, Canada.

D. Burdick (Richard Stockton College of New Jersey) Technology and Aging in the General Studies Curriculum: Reaching Future Workers in Diverse Professions

R. Novak (California State University, Northridge, California) A Mentor-Student Relationship Via the Internet

R. Morgan Jr. (Spry Foundation, Washington, D.C.) How Older Adults Learn

DISCUSSANTS:

A. Bucur (UCLA School of Medicine, Los Angeles, CA 90095-1687)

S. Kwon (Humboldt University Berlin, Institute for Rehabilitation Sciences, Germany

Different types of technology and methodologies are currently employed to link research results to the teaching and learning of gerontology. In this symposium, the lessons learned from previous experience and current education will be discussed from three different perspectives: curriculum development for diverse student groups, the management of information technology for effective mentor-student interaction, and the older adult learning perspective. The application of appropriate technologies to the teaching and learning aspects of gerontological education will be described in terms of both successes and what to avoid.

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ETHNOGERIATRIC CURRICULUM DEVELOPED BY A COLLABORATIVE: LINKING RESEARCH TO EDUCATION

G. Yeo, Stanford Geriatric Education Center, 703 Welch Rd., Palo Alto CA 95003

PARTICIPANTS:

B. Parlak (Bureau of Health Professions, Rockville MD) History of the Collaborative on Ethnogeriatric Education

J. Mendez (Wayne State University, Detroit MI) Development of the Core Curriculum, Implementation, and Evaluation

G. Yeo (Stanford GEC, Palo Alto CA) Content of the Five-Module Core Curriculum

V. Scott (Nashville/York GRECC & Meharry Medical College, Nashville TN) Development of Ethnic-Specific Curricula and Its Dissemination

DISCUSSANT:

D.Yee (National Asian Pacific Center on Aging, Seattle WA) (to be confirmed).

Funded by the Bureau of Health Professions, the 35-member Collaborative on Ethnogeriatric Education, has worked together since 1997 to develop research-based curricula on ethnogeriatrics for health care training programs from multiple disciplines. Starting with recommendations from the White Paper on Ethnogeriatrics from *A National Agenda for Geriatric Education*, Collaborative members developed a Core Curriculum in Ethnogeriatrics consisting of modules on: 1)

Introduction and Overview of Ethnogeriatrics; 2) Patterns of Health Conditions; 3) Culturally Appropriate Geriatric Care: Fund of Knowledge; 4) Culturally Appropriate Geriatric Care: Assessment; and 5) Culturally Appropriate Geriatric Care: Health Care Interventions, Access, and Utilization. The Core Curriculum is being used as a basis to develop ethnic-specific curriculum.

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THAT'S INCREDIBALL! EFFECTS OF A 14-WEEK FITBALL® EXERCISE PROGRAM ON POSTURAL CONTROL IN OLDER ADULTS.

L.A. Brown, J.G. Bocksnick, M.A. Polych & R.J. Sleik, Dept. of Kinesiology, University of Lethbridge, AB Canada, T1K 3M4

Several studies have indicated that balance and postural stability can be dramatically altered through exercise interventions. Despite this reality, many older adults remain physically inactive. Thus, we sought to improve balance performance by offering an exercise program that was non-traditional and innovative, and appealed to the unique needs of this population. The purpose of this study was to examine the efficacy of a 14-week multifactorial Fitball®-based exercise program on postural control among older adults. Fitballs® are large (45-75cm diameter) vinyl balls traditionally used for rehabilitation. Individuals in the exercise group (n=18, x̄ 67.6 yrs) participated in structured 45 minute classes 3 times per week; the control participants (n=12, x̄ 70.1) were not involved in any structured exercise routines. Standard tests of balance performance and postural stability were performed on all participants prior to, and following, the 14-week period. Results indicated a significant improvement in balance performance for the exercise group compared to the control group. In addition, individual subject comparisons revealed that 70% of the exercise group showed reduced medio-lateral postural sway for the pre and post-test assessments. These findings confirm that balance improvement can be gained through exercise intervention and offer a unique means of achieving this goal for the elderly.

•Supported by Ball Dynamics Inc., Boulder CO

PHYSICAL ACTIVITY AS A DETERMINANT OF MOBILITY CHANGE

M. Visser, S.M.F. Pluijm, R.J. Bosscher, D.J.H. Deeg, Free University Amsterdam, Netherlands.

The aim of this study was to investigate whether physical activity is a determinant of future change in objectively measured mobility performance. Prospective data (3-year follow-up) on 2,109 men and women aged 55-85 years, participants of the Longitudinal Aging Study Amsterdam, were used. Physical activity of the past 2 weeks was assessed at baseline by questionnaire. Change in mobility was based on performance tests (walking 6 m and 5 repeated chair stands) at baseline and follow-up. Mobility loss was observed among 45.6% of the respondents. Physical inactivity (<1h20min per day) was associated with a greater loss of mobility. This association was also observed after adjustment for baseline mobility function, health status, socio-demographic and lifestyle variables (p=0.008). No participation in sports activities was also associated with a greater loss of mobility (p=0.01). Results were similar when a more stringent definition of mobility loss was used = mobility decline >1 SD (11.8% of respondents). These results suggest that physical inactivity is an important determinant of future mobility decline.

THE EPIDEMIOLOGY OF RESTRICTED ACTIVITY AMONG COMMUNITY-LIVING OLDER PERSONS

T.M. Gill, M. Desai, E. Gahbauer, C.S. Williams. Yale University School of Medicine

Previous studies, based largely on one-time assessments, have suggested that only a minority of community-living older persons experience restricted activity over the course of a year. The goals of this prospective cohort study were: (1) to more accurately estimate the rate of restricted activity among community-living older persons, and (2) to identify the problems leading to restricted activity.

The study population included the 754 members of the Precipitating Events Project, an ongoing longitudinal study of nondisabled, community-living persons, 70 years and older. All participants underwent a comprehensive, home-based assessment and were subsequently categorized into three groups according to their level of frailty (low, intermediate, and high). The occurrence of restricted activity and the problems causing restricted activity were ascertained each month during regularly scheduled telephone interviews. Restricted activity was defined as having stayed in bed at least half the day and/or having cut down on one's usual activities due to an illness, injury or other problem since the previous monthly interview.

Based on a median follow-up of 14 months, 75.8% of participants reported restricted activity during at least one month, and 38.0% reported restricted activity during two consecutive months. The rates of restricted activity per 100 person-months were 20.4 for all participants and 17.1, 27.3, and 23.4 for participants in the low, intermediate, and high frailty groups, respectively. Among the 25 prespecified health- and nonhealth-related problems, the incidence per 100 person-months of restricted activity ranged from 0.0 for "problem with alcohol" to 65.7 for "been fatigued". Other problems commonly associated with restricted activity included: "pain or stiffness in joints" (39.2 per 100 person-months), "pain or stiffness in back" (35.4), "been dizzy or unsteady on feet" (31.3), "difficulty breathing or shortness of breath" (26.6), "been afraid of falling" (26.0), and "cold or flu symptoms" (25.5). On average, participants identified 5.0 different problems as a cause for their restricted activity.

Restricted activity is common among community living older persons, regardless of level of frailty, and is usually caused by several concurrent health-related problems.

Additive Effects of Resistive Exercise on Glucose Metabolism in Aerobically-Trained Older Men.

C.M. Ferrara, S. McCrone, A.S. Ryan, A.P. Goldberg. Univ. of MD, GRECC Baltimore VAMC, Baltimore, MD 21201

We hypothesized that the addition of resistive exercise training (RT) to AEX would improve glucose metabolism, but not lipid levels. The metabolic changes associated with the addition of 4 months of RT to AEX (AEX+RT, 2d/wk, n=8) were compared to a 4 month maintenance AEX program (AEX, n=10) in previously AEX trained older men (68±1 yr., mean±SEM). Attendance in AEX+RT group was 73%. Men in the AEX group exercised 2X/wk. The 18 men were moderately obese (28±2 % body fat), with a VO_{2max} of 30±2 ml/kg/min, with no baseline differences in the body composition between the groups. AEX+RT increased upper and lower extremity strength by 20 and 40%, respectively ($p<0.05$). VO_{2max} decreased by a mean of 3 ml/kg/min in both groups, with no change in body weight or % body fat. AEX+RT did not effect triglycerides, total, or LDL cholesterol, or HDL cholesterol. Total cholesterol increased by 9% in the AEX group ($p<0.05$). The mean 2-h OGTT insulin area decreased by 33±4% in 7 subjects ($p<0.01$), with an overall decrease of 22±12% (n=8, p=NS) in the AEX+RT group, with no change in the AEX group. There was no change in fasting glucose and insulin and 2-h OGTT glucose areas in either group. This suggests that the addition of a resistive exercise program to aerobic exercise in older men improves glucose metabolism and sustains the improvements in lipoprotein lipids achieved by aerobic exercise.

The Effects of a Walking/Talking Program on Communication, Ambulation, Urinary Incontinence, and Functional Status in Persons with Dementia

Pam Dawson, Cheryl Cott , Collaborative Research Program, Faculty of Nursing, and Department of Physical Therapy, University of Toronto.

Walking programs have been found in separate studies to positively affect communication abilities when residents engage in conversation while walking, independence in ambulation, and walking endurance . In these studies only 1 resident at a time received the intervention making it costly. The objectives of this study were: (1) to evaluate the effects of a 2:1 (2 residents receiving the intervention together) walking/talking program on residents' (a) ability to communicate, (b) ambulation, and, (c) overall level of function. An experimental pre-test post-test design was used. A walking/talking program was implemented for the experimental group for 30-minutes, five times a week, for 16 weeks. A control group received conversation only. Another control group received no intervention. Data related to the outcomes was measured before and after the 16-week walking / talking program. Independent t-tests and one-way analysis of variance showed no differences between the groups on any of the outcome measures. However, we have found that MMSE was an important predictor of improvement in all outcomes regardless of group membership: social communication (F= 37.29, df=(1,68), p=.000), communication of basic needs (F= 38.59, df = (1,68), p = .000), and functional status (F = 9.11, df = (1,67), p=.004) . This paper will further elaborate and describe these finding as well as examine reasons for the lack of treatment effect..

The HOMA model predicts insulin resistance in older men with normal, but not impaired glucose tolerance. A.P. Goldberg and C.M. Ferrara. Univ. Of MD, GRECC Baltimore VAMC, Baltimore MD 21201.

Insulin resistance (IR) in older individuals is associated with metabolic risk factors for coronary artery disease (CAD) and type 2 diabetes mellitus. The glucose clamp measures IR directly, but less invasive and labor-intensive measures based on fasting glucose and insulin levels (homeostasis model, HOMA IR) require validation in the elderly. We assessed the validity of the HOMA IR model as an index of IR by comparison to the glucose clamp (600 pmol/m^2·min) in 45 older men (61±8 years, mean±SD) with normal (n=21, NGT) or impaired glucose tolerance (n=24, IGT). The NGT had lower body mass index (BMI, 28±3 vs 31±3 kg/m^2), waist (97±9 vs 105±9 cm), and % body fat (25±6 vs 30±6), but no difference in body weight (84±13 vs 92±14 kg) or VO_{2max} (31±7 vs 29±6 ml/kg·min). NGT had lower areas above basal during 2-h OGTT for glucose (274±95 vs 419±124 mmol·min/L) and insulin (38142±18206 vs 58383±34408 pmol·min/L), and HOMA IR (2.2±0.8 vs 4.2±2.6) than IGT ($p<0.05$). Glucose infusion rates (GIR, umol/kg FFM·min) were higher (53±11 vs 43±14, $p<0.05$) in NGT vs IGT. HOMA IR correlated with GIR in NGT ($r=-0.59$, $p<0.01$), not IGT ($r=-0.13$). GIR correlated with VO_{2max} in NGT ($r=0.58$) and IGT ($r=0.42$, $p<0.05$), while HOMA IR correlated with VO_{2max} ($r=-0.57$, $p<0.01$) and waist ($r=0.54$, $p<0.05$) in NGT, not IGT. This suggests that HOMA IR is a valid index of IR only in older men with NGT, not in those with IGT. Thus, HOMA IR should not be used as an index of IR in older individuals unless glucose tolerance status is known, especially in those with central obesity who may be at risk for IGT.

SUCCESSFUL AGING: IMPACT OF SUBCLINICAL CARDIOVASCULAR DISEASE. Newman, Anne B, Naydeck B, Enright P, Hirsch C, Harris T, Gottdiener J, Tracy R, O'Leary D, Yanez D, Burke G, Beauchamp N, Fried L. University of Pittsburgh, Pittsburgh, PA, 15213.

Successful aging has been defined as absence of disease with intact physical and cognitive function in late life. We tested the hypothesis that successful aging would be related to the extent of subclinical cardiovascular disease (CVD). The Cardiovascular Health Study (CHS) is a longitudinal study of CVD risk factors in 5201 men and women aged 65 and over, with 687 African-Americans (AA) added in 1992. Success was defined as *absence* of clinical CVD, cancer, depression (CES-D>10), cognitive impairment (MMSE<80) or difficulty with instrumental or basic activities of daily living. Subclinical CVD was assessed using carotid ultrasound, ankle-arm index (AAI), and cerebral magnetic resonance imaging (MRI). At study entry, 49% met criteria for success. After 7 years, 40% of the original cohort maintained success. Adverse events included death (13%), cancer (12%), CVD (19%), CES-D>10(14%), MMSE<80(9%), disability (50%). Maintenance of success was strongly related to age, but not gender. Of those aged 65-69 at baseline, 58% vs only 22% of those >80 maintained success. In the lowest vs highest quintile of internal carotid artery wall thickness, rates were 50% vs 23%. Rates were 42% vs 20% in those with AAI>0.9 vs ≤ 0.9, and 54% vs 28% for those with white matter grade 0-1 vs ≥ 4/9 on brain MRI (all $p<0.0005$, adjusted for age and gender). In the AA cohort, 50% maintained success after 3 years with similar correlates. Maintenance of high levels of health and function are most likely in those with minimal subclinical CVD. Successful aging may be another outcome of CVD prevention.

SAFETY AND TOLERABILITY OF HIGH DOSE ARICEPT (DONEPEZIL) IN PATIENTS WITH ALZHEIMER'S DISEASE.

Joel Ross MD, J. Shua-Haim MD, J. Smith RNC.
MedWise, West Long Branch, New Jersey.

Purpose: To investigate the safety and tolerability of high dose donepezil (Aricept) in the treatment of Alzheimer's disease (AD).

Methods: Study included AD patients who were maintained on recommended donepezil dosage (10 mg.) & whose caregivers/family members reported lack of efficacy, and/or cognitive/functional deterioration. All subjects met the DSM-IV & the NINCDS-ADRDA criteria for possible AD. All were treated with the recommended dose of 10 mg. once daily for 4 or more months. Higher dose Aricept (15-20 mg.) was administered to patients whose family/caregivers voiced frustration regarding lack of efficacy with the 10 mg. dose. Patients and caregivers were informed this was a non-pharmaceutical sponsored trial. Consent from family obtained prior to high dose treatment. After one week, patients were evaluated in the office for any adverse drug reactions. Subsequent telephone evaluations were done weekly for 1 month after each dose change.

Results: Twelve patients participated in the study (7 males & 5 females). In 8 patients, functional & cognitive improvement was reported after the first month. All 12 patients were initially treated with Aricept 15 mg. for one month, then increased to 20 mg. after one additional month. Two patients experienced increased agitation & confusion after one week of Aricept 15 mg. One of these two, had cognitive improvement after stopping the treatment. Six patients tolerated the 20 mg. dose. No adverse events were noted in 2 & 3 week follow up evaluations.

Conclusion: Aricept (donepezil) appears to be safe in doses higher than recommended. Suggest Aricept be studied for safety and efficacy in 15 – 20 mg. daily doses.

SERUM LEPTIN LEVELS IN INSTITUTIONALIZED ELDERLY MEN

C. Ivaldi *, G.L. Tenconi °, F. Zoppoli °, A. Gonella °, C. Parodi *, L. Fontana *

* Don Orione Institute, Genoa & ° DiMI, University of Genoa
Via P. Doria 42/b, 16126 Genoa, Italy

The ageing in healthy male population is correlated to an increase of serum leptin values. The aim of our study is the evaluation of serum leptin levels in a population of institutionalised elderly men. These are the first results of a wider and in-progress study. We have analyzed 21 elderly male patients of Don Orione Institute in Genoa. Every patient has undergone a medical check, a functional evaluation (ADL), neuro-psychological tests (MMSE, GDS), evaluation of the comorbidity (CIRS), anthropometrical evaluation (BMI), estimation of fat mass by bio impedance method, hormonal and leptin dosage. Results: The median age of the examined patients was 82 years, the median BMI 24,1 the MMSE of 22, 10 patients presented MMSE<18; the patients had lost 1,5 ADL. The median CIRS values were of 27. The mean leptin values were of 8,19 µg/l. Leptin value was significantly and directly related to BMI, fat mass, MMSE and inversely related to lost ADL. There was no significant relation to age, number of drugs assumed, comorbidity. The leptin values corrected for fat mass results significantly related only to MMSE through the application of simple linear regression. Conclusions: The low number of the population and the substantial homogeneity of the severity of associated pathologies could justify the lack of correlation between the severity of the illness and the leptin values. Anyway such values were higher than the ones presented in literature referred to health male population of the same age. In our population cognitive state was the variable most related to leptin. Cognitive status may influences nutritional status and so leptin values

DONEPEZIL (ARICEPT) TREATMENT OF MULTI-INFARCT DEMEMTIA: THE CAREGIVERS AND CLINICAL IMPRESSION.

Joshua Shua-Haim MD, V. Shua-Haim RN, E. Comsti MD, J. Ross MD, J. Smith RNC.

Department of Outpatient Geriatric Services, Jersey Shore Medical Center, Neptune, New Jersey.

Purpose: To investigate the clinical & caregivers impression of Aricept treatment in patients suffering from multi-infarct dementia (MID).

Methods: In a prospective study, MID patients were treated with Aricept 5 mg. once daily at bedtime for 16-20 weeks. After 4 weeks, patients tolerant of the 5 mg. dose were increased to 10 mg. daily. All patients met the DSM-III-R criteria for MID. After 16-20 weeks of treatment, caregivers completed a questionnaire concerning the effectiveness of the drug. Subjective cognitive improvement, MMSE, ADL & IADL outcomes were all assessed pre & post treatment (clinical impression). Depression, agitation, violence, anxiety & paranoia were the behavioral outcomes evaluated. Functional & overall family satisfaction was also assessed. Side effects & reason for stopping the study were also reported.

Results: Study population was 73. Twelve patients (16%) terminated due to side effects. Adverse events were reported in 34 (46.5%) patients. Cognitive improvement was noted in 31 (42.4%) patients. Verbal skills & attention was the most common. Average MMSE declined by 2.6 points after 16 weeks of treatment. No behavioral improvements noted. Behavioral deterioration was noted in 16 (21.9%) of patients. Functional improvement was seen in 31 (42.8%) patients and overall family satisfaction was reported in 54 (73.9%) patients.

Conclusion: Although FDA approved for Alzheimer's disease, donepezil appears to be a reasonably safe, effective drug in treatment of MID from the caregivers/family point of view.

ENHANCED LIPID OXIDATION AND INSULIN ACTION AFTER WEIGHT LOSS IN OLDER OBESE MEN AND WOMEN WITH IMPAIRED GLUCOSE TOLERANCE

S.N. Sistrun, R.K. Krishnan, L.F. del Aguila, C.M. Marchetti, and J.P. Kirwan. Depts. of Reproductive Biology & Nutrition, Case Western Reserve University School of Medicine, Cleveland, OH 44109, Noll Laboratory, Penn State University, University Park, PA 16802.

The effects of a 12 week (wk) reduced calorie diet (~1300 kcal) and aerobic exercise (5 d/wk, 60 min/d treadmill/cycle ergometry/ stationary rower, 85% HR_{max}) program on body composition and metabolism was determined in 12 older, obese men and women (67±1 yr, 34±1 kg/m^2) with impaired glucose tolerance (IGT). Body composition (hydro-densitometry), substrate oxidation (indirect calorimetry), plasma glucose and insulin responses to an oral glucose tolerance test were measured at 0 and 12 wks. Body weight decreased from 96.4±5.0 to 87.4±3.7 kg ($P<0.0002$) and fat mass (FM) from 38.1±2.9 to 31.6±2.6 kg ($P<0.0002$). Fat free mass (FFM) was maintained throughout the program 58.3±3.7 and 55.8±3.3 kg. Fat oxidation increased from 0.83±0.11 to 1.19±0.09 mg/kg/min, ($P<0.03$). Glucose area under the curve (AUC), decreased by 17% (103 mM/min, pre vs post, $P=0.05$) and insulin AUC decreased by 34% (25,435 pM/min, $P<0.02$). The increase in fat oxidation was associated with reductions in insulin AUC ($r=0.68$, $P<0.03$). These results suggest that the 12-wk diet and exercise program promoted FM loss while conserving FFM. Furthermore, weight loss achieved through participation in the program led to a shift in metabolism that favored increased lipid oxidation, improved glucose tolerance and insulin action in older obese individuals with IGT.

ADHERENCE TO AQUATIC EXERCISE PROGRAMS: RESULTS FROM A RANDOMIZED CLINICAL TRIAL

Basia Belza, School of Nursing, T. Topolski, S. Kinne, D. Patrick, Center for Disability Policy and Research, University of WA, Seattle 98195-7266

The purpose of this study was to identify characteristics of and outcomes for participants who adhere to aquatic exercise programs. 249 adults with osteoarthritis (OA) were recruited from WA State. Participants were randomized to a 20-week aquatic exercise class or a wait list control group. Adherers were defined as those attending at least 2 classes per week for 16 of 20 weeks. Measures: Quality of Well Being Scale (QWB), Health Assessment Questionnaire (HAQ), and Center for Epidemiological Studies-Depression (CES-D). Change scores revealed that adherers (N= 35) reported improved function, and change in arthritis QOL compared to controls (N=124). When comparing adherers (N=35) to nonadherers (N=67), QWB and depression improved for adherers, but not for nonadherers. When analyzed for level of participation, exercise is of benefit in OA. Consistent participation in exercise programs result in better outcomes. Improved methods are needed to enhance adherence.

DEVELOPMENT AND TESTING OF A COMPUTERIZED SYSTEM FOR PROMPTING AND MONITORING EXERCISE BEHAVIOR IN OLDER ADULTS

J.A. Peters, J.F. Wyman, J.A. Konstan, S. Srinivasan, A.M. Bowman, C.L. Brandt, School of Nursing and Department of Computer Science and Engineering, The University of Minnesota, Minneapolis, MN 55455

Research has demonstrated that regular physical activity leads to maintenance of physical function in older adults. Because more than 70% of older adults are not involved in regular exercise, cost effective strategies for enhancing exercise behavior are needed. The purpose of this project was to develop and pilot test an automated, interactive computer telephony system for prompting and monitoring exercise behavior in older adults. The transtheoretical model provided a theoretical framework. The prototype system is an automated 3 to 5 minute telephone call placed by computer to subjects in their homes on a weekly basis. During the call subjects are questioned about their health status, days walked, minutes walked per day, and personal barriers to walking. The system delivers individualized, motivational messages on walking goals, goal achievement, walking benefits, overcoming barriers, and relapse prevention. A two phased pilot study involving 16 subjects (mean age 74.5 years) and 34 trials of the system was completed. Pilot results indicated that the automated system was usable with older adults, even those with hearing deficits. All subjects were able to correctly interact with the system using keypad response following brief instruction. 63% of subjects indicated that the system was an acceptable method for monitoring and encouraging personal exercise behavior. Voice recognition response technologies were also tested, but found unreliable. Additional research evaluating the effect of this intervention on exercise behavior in older adults is ongoing.

ADHERENCE TO HOME EXERCISE PROGRAMS IN THE GERIATRIC POPULATION

K. Wiechert*, C. Lantz*, R. McGovern**, Truman State University*, Kirksville College of Osteopathic Medicine, Kirksville**, MO, 63501

Research has shown there are many positive physical and psychological benefits of exercise in older adults. Despite these findings, 70% of the geriatric population are considered to be physically inactive (Jette et. al., 1998). A lack of adherence to an exercise program may result in the geriatric population not receiving the benefits of exercise. This study measured the adherence to prescribed post rehabilitation exercise programs and identified variables that may relate to exercise adherence. Eight geriatric persons participated in an inpatient rehabilitation program and completed the Geriatric Depression scale, Beck Anxiety Scale, a pain scale, a cognitive screening test and a demographics questionnaire. Three weeks following discharge, each participant was placed on a home exercise program and received a follow up telephone interview assessing how often the subject performed their exercises. Participants were also asked if they had social support, previous sports experience, knowledge of exercise benefits, or pain during exercise to determine if these aspects were related to their adherence to the home exercise program. Spearman rank-order correlations indicated that exercise adherence was significantly correlated with depression (r = -.813), previous sports participation (r = .741), and knowledge of the benefits of exercise (r = .696). These findings suggest that adherence to a prescribed outpatient exercise program may be associated with increased knowledge of the benefits of exercise and previous sport participation. Additionally, exercise adherence was associated with lower depression levels.

THE EFFECTS OF 4 MONTHS OF ENDURANCE AND RESISTANCE TRAINING IN MUSCULAR FITNESS AND FUNCTIONAL PERFORMANCE

V. Kalapotharakos, M. Michalopoulos, K. Taxildaris, I. Fatouros, G. Godolias

Democritus University of Thrace, Department of Physical Education & Sport Science, Komotini, Greece

Muscular fitness includes the muscular strength, muscular endurance and flexibility, which have been to assess the functional performance in the elderly. The purpose of this study was to investigate the effects of 4 months endurance (ET) and resistance (RT) training in muscular fitness and functional performance in 21 healthy untrained men, age 65-82 years. The ET group (n=7) progressed to training up to 80% of maximal heart rate for 45 minutes for the last 2 months, 3 times per week. The RT group (n=7) progressed to training up to 80% of 1-rm, completed 3 set of 8 repetitions on 7 machines, for the last 2 months, 3 times per week. Muscular strength was measured using 1-RM, the RT group significantly increased the upper body strength by 74% and the lower body strength by 83% after the training period. The ET group did not change the upper body strength, but increased significantly the lower body strength by 11.5%. The muscular endurance was measured using 10-RM in chest press and leg press. The RT group significantly increased the upper and lower body muscular endurance, by 106% and 80.8% respectively, after the training period. The ET group significantly increased only the lower body muscular endurance by 30.9%. Also the RT group improved the range of motion in hip-spine when performing the sit and reach test for static flexibility. After the training period, RT and ET groups significantly improved the walking speed at 6.1m distance course, by 42% and 29% respectively. Also the two groups significantly decreased the time which required to rise from a chair to full standing position, by 25% and 6%, after 4 months of training. The results showed that the RT group improved the components of muscular fitness. The ET group significantly increase only the strength the muscular endurance of the lower body. The two groups improved in functional performance tests, but the RT group had greater improvements in relation to ET group.

IMPROVED FIBRINOLYSIS FOLLOWING ACUTE SUB-MAXIMAL TREADMILL WALKING IN CHRONIC HEMIPARETIC STROKE PATIENTS

F.M. Ivey, C.J. Womack, O. Tiyasangthong, R.F. Macko

University of Maryland, Department of Medicine,
Division of Gerontology, Baltimore, MD, 21201, and
GRECC, Baltimore VAMC

Each year approximately 750,000 individuals suffer a stroke, after which they remain at high risk for recurrent stroke and cardiac death. Abnormalities in endogenous fibrinolysis are now recognized as an independent predictor of both cerebral and myocardial infarction (MI). Fibrinolysis is dependent upon the balance between tissue plasminogen activator (t-PA) and plasminogen activator inhibitor-1 (PAI-1), its main circulating inhibitor. This study investigated the effects of a single bout of sub-maximal exercise performed at 60% heart rate reserve on endogenous fibrinolysis profiles in older (69±7.4 yrs) hemiparetic stroke patients ($n=12$, 11 men and 1 woman). Circulating t-PA enzyme activity increased 102% ($p<0.001$) immediately following exercise and remained 25% elevated above baseline ($p<0.01$) at 1 hour post-exercise cessation. Although PAI-1 activity was not significantly lowered immediately after exercise, there was a 19% reduction trend ($p=0.12$) an hour after the exercise bout. These findings demonstrate that acute exercise increases t-PA and may reduce PAI-1 for up to one hour in chronic hemiparetic stroke patients. The clinical implications are that increased leisure time physical activity may reduce atherothrombotic risk by dynamically modulating endogenous fibrinolysis profiles in this population.

REGIONAL BONE MINERAL DENSITY INCREASES AFTER RESISTIVE TRAINING IN YOUNG BUT NOT ELDERLY MEN AND WOMEN

Alice S. Ryan, Fred M. Ivey, Diane E. Hurlbut, Gregory F. Martel, Jeffrey T. Lemmer, Jeff Metter, Jerome Fleg, Ben F. Hurley, Div of Gerontology, U of MD School of Medicine, GRECC, Dept of Kinesiology, U of MD College Park, NIA, GRC, Baltimore, MD 21201.

The effects of 6 months of whole body resistive training (RT) on total and regional bone mineral density (BMD) were examined in younger men ($n = 10$) and women ($n = 7$) aged 20-29 years (25 ± 1 y) and older men ($n = 10$) and women ($n = 10$) aged 65-74 years (69 ± 1 y). Percent body fat decreased in the young men ($P < 0.05$) but did not change in the other groups. Lean tissue mass increased after training in young men and women and older men (all $P < 0.05$) but did not change significantly in the older women. Upper and lower body 1RM strength increased in all subject groups ($P < 0.01$). Femoral neck BMD increased by 2.33 ± 0.63% ($P < 0.01$) and Ward's triangle BMD increased by 3.15 ± 1.12% ($P < 0.05$) in young men. Greater trochanter BMD increased by 2.23 ± 0.97% ($P < 0.05$) and L_2-L_4 spine BMD increased by 2.76 ± 0.99% ($P < 0.05$) in young women. However, in older men and women, there was no significant BMD change in any of these regions. In conclusion, a 6 month RT program improves BMD of the femoral region in young men and women, but does not change regional BMD in healthy older men and women.

EXERCISE REHABILITATION IMPROVES ENDOTHELIAL FUNCTION & CALF BLOOD FLOW IN PERIPHERAL ARTERY DISEASE PATIENTS.

Lyndon J.O. Joseph, David C. Brendle, Lynda L. Cowell, Mary C. Corretti, Andrew W. Gardner, and Leslie I. Katzel
University of Maryland, Department of Medicine, Divisions of Gerontology and Cardiology, and Baltimore VA Medical Center GRECC, Baltimore, MD 21201

Endothelial function (EF) is impaired in patients with peripheral artery disease (PAD). The effect of 6 months of exercise rehabilitation on brachial artery EF and calf blood flow (CBF) was examined in 19 patients (age 69 ± 1 y, mean ± SE) with Fontaine Stage II PAD (ankle to brachial artery index; 0.73 ± 0.04). EF was assessed at rest and in response to reactive hyperemia using high-resolution external vascular ultrasound. CBF was assessed at rest, immediately after a standardized set of calf raise exercises (CBFmax), and 1 minute after reactive hyperemia (PORH) by venous occlusion strain-gauge plethysmography. Exercise rehabilitation increased the flow-mediated brachial artery diameter by 61% (0.18 ± 0.03 vs. 0.29 ± 0.04 mm, $p < 0.005$) and the relative change in brachial artery diameter by 66% (4.8 ± 0.8 vs. 8.0 ± 1.0 %, $p< 0.005$) 1 minute after post-occlusive reactive hyperemia. Additionally, CBFmax (14.2 ±1.0 vs. 19.2 ± 2.0, $p = 0.04$), and PORH (9.8 ± 0.8 vs. 11.3 ± 0.7, $p = 0.1$) increased 35% and 15% respectively. The relative change in brachial artery diameter was correlated to PORH ($r = 0.57$, $p = 0.01$) and CBFmax ($r = 0.51$, $p = 0.03$) at baseline. Thus, exercise rehabilitation increased endothelium dependent dilation in the brachial artery and perfusion of the calf musculature in PAD patients. Also, the severity of PAD before embarking on an exercise rehabilitation program may influence the improvement in endothelium function.

WELL-BEING OF COMMUNITY-DWELLING ELDERS AFTER LONG-TERM TAI CHI PRACTICE

*Kuei-Min Chen, M. Snyder, & K. Krichbaum
*Foo-Yin Institute of Technology 151 Chin-Hsueh Rd.,
Tahao Hsiang, Kaohsiung, Taiwan

Tai Chi, a mind-body, low-intensity exercise, has been widely practiced by elders in Taiwan and other countries. Yet, there is limited scientific evidence to demonstrate its effects on the well-being of elders, particularly community-dwelling elders. Using a conceptual framework of Dungan's Model of Dynamic Integration and Plummer's two tenets of Tai Chi (breathing control and mind concentration), the purpose of this study was to compare the differences on physical well-being (physical health status, blood pressure, and number of falls) and psychological well-being (mental health status and mood states) of Taiwanese community-dwelling elders who had practiced Tai Chi for one year or longer and those who did not exercise. Eighty Taiwanese community-dwelling elders (40 of whom practiced Tai Chi and 40 who did not), aged 65 and over, matched on age, gender, and the reported numbers and types of chronic illnesses, were recruited using a snowball sampling strategy. The Chinese versions of the SF-36 Health Survey and the Profile of Mood States Short Form were administered to the subjects in face-to-face, structured interviews. Results showed that subjects in the Tai Chi group had significantly better physical and psychological well-being outcomes than the subjects in the non-Tai Chi group (all p values $< .05$). Findings provide a basis for using Tai Chi as a therapeutic intervention and incorporating Tai Chi into community programs to promote well-being of community-dwelling elders. Further explorations of possible benefits, harms, or contraindications of Tai Chi would contribute useful information to guide health care professionals in recommending this therapy.

AGE-BASED CHANGES IN STABILITY AND COORDINATION BETWEEN BODY SEGMENTS IN VISUALLY INFORMED POSTURAL STABILIZATION

Steven M. Boker
Department of Psychology, University of Notre Dame,
Notre Dame IN 46556

Postural stabilization is informed by multiple sensory modalities. When intending to stand or sit motionless, if self-movement is perceived, counteracting kinesthetic forces are produced in order to stop the movement. The dynamic postural stability hypothesis suggests that a second goal is to independently keep each of the senses above threshold for motion perception. Subjects (N=22 young, mean age 19.5, N=25 old, mean age 70.3) stood or sat as still as possible for 90 second trials while fixing their gaze on a target at 1, 4, or 8 meters away. Head and hip motion was recorded using magnetic motion tracking equipment with a resolution of 1.5mm. Head movement (RMS) was related to distance to visual target, participant sex, and age group. Hip movement was related to distance to target and age group, but not sex. Head predictibility (as measured by mutual information at a lag of 1 second) was related to age group and sex, but not distance to visual target. Hip predictability was related to age group, but not distance or sex. Head-hip coordination was related to distance and sex, but not age group. Within the old subject group, Head-hip coordination was found to be related to age in years. The pattern of results obtained is consistent with the hypothesis of dynamic postural stability: head-hip coordination should increase with distance while standing, but decrease with distance while sitting.

BRINGING RESEARCH TO PRACTICE: APPLICATION OF EVIDENCE BASED MEDICINE TO QUESTIONS ABOUT EXERCISE IN OLDER ADULTS

G.M. Huber, C.D. Etkin, T. R. Prohaska. Center for Research on Health and Aging, University of Illinois at Chicago, Chicago, IL 60607

Although the amount of scientific research published daily is staggering, clinicians need to access this information in an effective and efficient manner in order to make the best decisions regarding clinical practice. Evidence Based Medicine (Sackett, 1997) provides a systematic 5 step method to approach the research literature. These steps are: 1. Define a clinical question, 2. Develop a search strategy, 3. Analyze and Summarize literature, 4. Weight the evidence 5. Apply to the clinical question. The application of Sackett's method to an examination of the exercise literature for older adults will be described. Examples of clinical questions will be presented e.g. What type of exercise should women (75+) with hypertension be doing?. The rationale for the search strategy in a variety of databases will be discussed. Different search strategies will be compared. Suggested methods for organizing and critically evaluating the results will be presented. Finally, the results will be applied to the example question.

PHYSICAL PERFORMANCE CHANGES IN RESPONSE TO A FIT-BALL® EXERCISE PROGRAM

J. G. Bocksnick, L. A. Brown, & J. Ashmead
Department of Kinesiology and Physical Education,
University of Lethbridge, Alberta, Canada T1K 3M4

The effects of participation in a structured Fit-Ball® Exercise Program on selected measures of physical fitness were investigated by means of a quasi-experimental research design. Forty older ($\bar{x}$67.6yrs.; SD6.6yrs.) adults volunteered as control (n=14) or experimental (n=26) subjects. The experimental subjects attended an exercise program offered three times per week lasting forty-five minutes per session. The program utilized Fit-Balls® and focused on enhancing subjects' balance as well as general physical fitness. The control subjects did not engage in a structured physical exercise program but completed the same physical performance test battery as subjects in the experimental group. Both assessments consisted of a timed one-mile walk, a handgrip strength assessment, and a sit and reach test. Three 2X2 repeated measures analysis of variance revealed statistically significant differences between experimental and control groups. Subjects in the experimental condition outperformed their counterparts in the one-mile walk and the sit and reach test. The performance changes following a 3-month period of structured exercise involvement are encouraging and a continuation of this trend are predicted to remain as long as the experimental subjects maintain their physical activity level.

*Supported by Ball Dynamics Inc., Boulder CO

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USING TECHNOLOGY TO MAKE GERONTOLOGY EDUCATION ACCESSIBLE TO UNDERREPRESENTED POPULATIONS.

C. Mehrotra, The College of St. Scholastica, Duluth, MN. 55811

PARTICIPANTS:

B.G. Knight. Andrus Gerontology Center, U of Southern California, Los Angeles, CA 90089-0191.

L.W. Poon and P. Holtsberg, University of Georgia Gerontology Center, Athens, GA. 30602.

S.B. Keller-Hoover, Pennsylvania State University, University Park, PA 19802.

I. Parham, M.Owens, A. Welleford, A. Peyton & C. Coogle, (Virginia Commonwealth University (VCU), Richmond, VA 23298)

DISCUSSANT:

C. Mehrotra, The College of St. Scholastica, Duluth, MN. 55811

While considerable efforts have been devoted to making gerontology education accessible to underserved populations, the same level of attention has not been given to disseminate what has been learned as a result of these experiences. The proposed symposium has, therefore, been designed to share with the convention audience a variety of technology-mediated approaches that have been found effective in engaging the learners from isolated communities. Each presentation will include a discussion of the course content, learning outcomes, mode of delivery, assessment procedures, and key findings. Discussion will also focus on (a) standards used for course development, design, and delivery; (b) technical assistance faculty members need in their transition from classroom teaching to distance instruction; and (c) marketing strategies useful in promoting widesrpead awareness of courses and programs available to students at a distance. An interchange among the participants and between the audience and the participants will follow the presentations.

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PATHWAYS TO LIFE QUALITY: INDIVIDUALS IN CONTEXT

J. Krout, Gerontology Institute, Ithaca College, Ithaca, NY 14850; P. Moen, Bronfenbrenner Life Course Center, Cornell University, Ithaca, NY 14853.

Participants:

M. T. DePalma (Department of Psychology, Ithaca College) Older Adults' Beliefs About Aging.

P. Moen, M.A. Erickson, C. M. Whitlow (Bronfenbrenner Life Course Center, Cornell University) Change and Stability in Role Identities.

E. Wethington, D. Battin (Department of Human Development, Cornell University) Contextual Measures of the Family Social Network

K. Pillemer (Cornell Gerontology Research Institute, Cornell University) Intergenerational Relations in the Pathways Sample: A Study of Intergenerational Ambivalence.

H. Holmes, J. A. Krout (Gerontology Institute, Ithaca College) Relationships Between Community Based Service Use and Residential Facility Type.

DISCUSSANT:

Margaret A. Perkinson (Washington University School of Medicine, 444 Forest Park Blvd., St. Louis, MO 63108).

Both life course and ecological theories underscore the importance of context in understanding attitudes and behavior at all life stages. The presentations in this symposium share this theoretical approach as well as data from the Pathways to Life Quality study, a collaborative research project of Ithaca College and Cornell University. This long-term study of residential change and adjustment in adults ages 60 and over affords an excellent opportunity to demonstrate the importance of context in a variety of domains. Papers in the symposium examine successful aging in the context of beliefs about aging, the residential context of role identities, relationships as a context for social support and ambivalence, and facilities as a context for service use. Discussion will focus on the meaning of context in longitudinal research.

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OPTIMAL DESIGN ISSUES FOR GERONTOLOGICAL RESEARCH.

S. M. Hofer, The Pennsylvania State University, Dept. of Human Development and Family Studies, University Park, PA 16802.

PARTICIPANTS:

M. Sliwinski, S.M. Hofer, C. Hall, H. Buschke, & R. Lipton (Albert Einstein College of Medicine, Bronx, NY 10461) Explaining Cognitive Loss In Aging Adults: A New Look Attrition And Disease

S.M. Hofer, B.P. Flaherty (The Pennsylvania State University, Dept. of Human Development and Family Studies, University Park, PA 16802) Narrow Age-Cohort Analysis of Cross-Sectional Data

B.P. Flaherty, S.M. Hofer, M. Sliwinski, A.M. Piccinin (The Pennsylvania State University, Dept. of Human Development and Family Studies, University Park, PA 16802) Use Of Measurement Bursts In Models of Change

A.M. Piccinin (The Pennsylvania State University, Dept. of Statistics, University Park, PA 16802) Designs to Minimize the Influence of Retest Effects

G.I.L. Caskie, (The Pennsylvania State University, Gerontology Center, 105 Henderson South, University Park, PA 16802) Missing Data And Sample Size Considerations In Latent Growth Modeling

DISCUSSANT:

M.J. Rovine, (The Pennsylvania State University, Dept. of Human Development and Family Studies, University Park, PA 16802)

Gerontological research focuses on describing aging-related changes and explaining such changes in terms of correlates and predictors. Numerous challenges to obtaining valid inferences about change have been well-described by developmental methodologists. Discussion of these challenges typically revolve around discussion of the strengths and limitations of cross-sectional and longitudinal designs. This symposium will describe some problems and potential solutions for research challenges gerontologists face. Discussion includes the influence of attrition and disease on modeling cognitive change; sequential age-homogeneous designs as an alternative to typical cross-sectional analysis; a focus on intraindividual variability and the use of repeated measurement bursts to better indicate individual level of functioning; approaches for dealing with practice effects in longitudinal assessments; and missing data and sample size considerations in latent growth curve models.

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ECONOMIC DIMENSIONS OF MEDICARE REFORM

R. Schoeni, RAND, 1700 Main Street, Santa Monica, CA 90407

PARTICIPANTS:

M. McClellan (Stanford University, Palo Alto, CA 94305) Designing a Medicare Prescription Drug Benefit: Issues and Options

D. Goldman & G. Joyce (RAND, Santa Monica, CA 90407) Costs of a Medicare Prescription Drug Benefit: A Comparison of Alternative Plans.

L. Lillard & J. Rogowski (University of Michigan, Ann Arbor, MI 48109) Private Insurance Coverage and Medicare Utilization and Costs.

R. Johnson & A.J. Davidoff (The Urban Institute, 2100 M St., N.W. Washington, DC 20037) Implications of Changing the Medicare Eligibility Age for Coverage of Americans Ages 62-66.

DISCUSSANTS:

M. Brien (University of Virginia, Charlottesville, VA 22904)

D. Lakdawalla (University of Chicago, Chicago, IL 60637)

Medicare reform continues to be a salient topic of debate at the federal level. Reform efforts must address a host of complicated issues. One of the goals of the 2000 GSA meetings is to "link research to policy." To that end, this symposium, submitted on behalf of the Economics of Aging Interest Group of the GSA, will examine several major components of Medicare reform initiatives.

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DEPRESSION AMONG ELDERS WITH CHRONIC PHYSICAL DISABILITIES.

A. Horowitz & J.P. Reinhardt, Organizers. Lighthouse International 111 E. 59 St. NY, NY 10022.

Participants:

M. F. Wyman, R.W. Swindle, Jr. & K. Heller (Dept. of Psychology, Indiana University, Bloomington, IN 47405). Health Stressors and Diagnosed vs. Subsyndromal Depression in Older Women

A. Horowitz & J.P. Reinhardt (Lighthouse International) Clinical Depression and Depressive Symptomatology among Visually Impaired Elders.

K.M. Schiaffino, J.M. McIlvane & A. Barsdorf (Dept. of Psychology, Fordham University, Bronx, NY 10458) Illness Representations, Coping and Depression in Osteoarthritis.

K. A. Roberto (Virginia Tech, Blacksburg, VA 24061) & D. T. Gold (Duke University, Durham, NC 27710) Predictors of Depression Among Older Women with Osteoporotic Pain.

Discussants:

G. Kennedy (Montefiore Medical Center, Bronx, NY

B.M. Silverstone (Lighthouse International, NY NY)

There is extensive evidence documenting high levels of comorbidity between physical and depressive illnesses in later life. While most of this research has been conducted on heterogeneous samples of disabled elders, it has been argued that research in selected disease categories could further the understanding of the interrelationships among disease, function and depression.

This symposium will examine physical and psychiatric comorbidity across several common age-related chronic health conditions. All presenters will examine prevalence and (where data are available) persistence of depression over time. Wyman et al. compare rates of clinical and sub-syndromal depression relative to specific health conditions identified as life event stressors. Horowitz & Reinhardt also draw on both diagnostic and symptomatology data for visually impaired elders, comparing subgroups on disability, health and impairment statuses. Schiaffino & McIlvane examine depressive symptomatology among older women with osteoarthritis as a function of both illness representations and coping strategies. Focusing on older women with osteoportic pain, Roberto & Gold examine predictors of depression severity. Discussants will identify themes across the specific health conditions as well as issues in using diverse measurement strategies.

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CARING FOR PEOPLE WITH DEMENTIA IN LONGTERM CARE FACILITIES.

D. Shenk, University of North Carolina at Charlotte, 9201 University City Boulevard, Charlotte, NC 28223.

PARTICIPANTS:

J. Peacock & D. Shenk (Univ. of North Carolina at Charlotte) Early Implementation of Person Centered Care in a Special Care Assisted Living Facility.

J. Watkins & L. Mead (Univ. of Kentucky, Lexington, KY 40506) Homeless at Home: Adjustment Dynamics among Persons with Dementia Following Residential Relocation.

J. Frank (Illinois State University, Campus Box 4660, Normal, IL 61790) Use of the Word Home Among Assisted Living Residents with Alzheimer's Disease: Cues for Agitation.

H. Chaudhury (School of Architecture & Urban Planning, University of Wisconsin-Milwaukee, 5004 Betty Jean Way, Columbia, MO 65203) Remembering Home: Toward Place-Therapy for People with Dementia.

C. Kincaid & J. Peacock (Univ. of North Carolina at Charlotte) The Effect of Wall Murals on Door-Testing Behaviors of People with Dementia.

DISCUSSANT:

J. Zeisel (President, Hearthstone Alzheimer Care, 271 Lincoln St, Lexington, MA 02421)

Increasing numbers of individuals with dementia are living in a range of longterm care facilities. These longterm care environments include nursing homes, special care units and special care assisted living facilities. The participants in this session will each discuss their research addressing people with dementia

living in various longterm care facilities. The first paper examines the process and challenges of implementing a new culture of person-centered care for people with dementia. The next three papers focus on the meaning of home for people with dementia living in these environments. The final paper examines wall murals as an approach to decreasing door-testing behaviors by people with dementia on a special care nursing home unit. Discussion will focus on issues related to improving the quality of care provided for people with dementia who live in longterm care facilities.

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LONG-TERM IMPACT OF PREVENTIVE PROACTIVITY ON QUALITY OF LIFE OF THE OLD-OLD

Eva Kahana, Dept. of Sociology-MTHM 226, Case Western Reserve University, 10900 Euclid Avenue, Cleveland, OH 44106-7124, Renee Lawrence, Boaz Kahana, Kyle Kercher, Eleanor Stoller, and Kurt Stange.

To test elements of the Preventive and Corrective Proactivity (PCP) Model of Successful Aging (Kahana & Kahana, 1996, 2000), we examined the long-term benefits of health promotion, a key aspect of preventive proactivity. In an eight-year longitudinal follow-up of 1,000 elderly residents of Florida retirement communities, we explored the impact of health promoting behavior (exercise, health check-ups, tobacco and alcohol avoidance) on outcomes of functional health (ADL, IADL), psychological well-being and mortality. Controlling for baseline outcomes and sociodemographic background, we found exercise to have consistent beneficial effects associated with reduced risk of ADL and IADL limitations and mortality, and with enhanced psychological well-being, including positive affect and finding meaning in life. Findings lend support to the preventive function of proactivity and underscore the long-term physical as well as psychological benefits of physical activity and exercise.

THE ASSOCIATION BETWEEN EMOTIONAL WELL-BEING AND THE INCIDENCE OF STROKE IN OLDER ADULTS

G.V. Ostir, K.S. Markides, M.Kristen Peek, J.S. Goodwin, Department of Preventive Medicine and Community Health, University of Texas Medical Branch, Sealy Center on Aging, University of Texas Medical Branch, Department of Internal Medicine, University of Texas Medical Branch, Galveston, TX 77555-0460

Background Individuals with high levels of depressive symptoms experience increased risk of many illnesses, including stroke. Measures of depressive symptoms include questions about the presence of negative affect, such as sadness, as well as the absence of positive affect, such as happiness and optimism. We assessed whether positive or negative affect, or both, predicted risk of stroke.
Method Data employed were from a six-year prospective cohort study of a population-based sample of 2478 older Whites and Blacks from five counties in North Carolina who reported no history of stroke at baseline interview. Baseline in-person interviews gathered information on sociodemographic, psychosocial, and health-related characteristics of subjects, followed by annual interviews over a six-year period.
Findings Increasing scores on the modified version of the Center for Epidemiological Studies-Depression (CES-D) scale were significantly associated with stroke incidence for the overall sample (RR 1.04 for each one point increase; 95% CI 1.01 – 1.09) over a six-year follow-up period adjusting for sociodemographic characteristics, blood pressure, BMI, smoking status and selected chronic diseases. Positive affect score demonstrated a strong inverse association with stroke incidence (RR 0.74; 95% CI 0.62 – 0.88).
Interpretation Increasing scores on the modified version of the CES-D are related to an increased risk for stroke, while high levels of positive affect appear to protect against stroke in older adults.

INDIVIDUAL AND COMMUNITY BENEFITS OF AN INTERVENTION DESIGNED TO REDUCE FALLS AND FEAR OF FALLING IN OLDER ADULTS

A.L. Botsford, School of Social and Behavioral Sciences, Marist College, Poughkeepsie, NY 12601

Recent studies have established that falls and fear of falling have broad negative consequences for the physical, social and mental health of independent older adults in the community. A range of physical, psychological and social benefits have been found for older adults' participation in exercise programs. The purpose of this study was to determine the effectiveness of a strength and gait training intervention in terms of both psychosocial and physical measures, including sense of competence, self-imposed activity limitations, self-report of health and mental status, life satisfaction and fear of falling. Two hundred and fifty participants were given psychosocial, strength, flexibility and gait tests prior to and after six months of a twice-weekly program consisting of exercises conducted by trained volunteers recruited from the professional community. Maximum strength, flexibility and balance increased significantly with this intervention, as did participants' self reports of their health status, life satisfaction and sense of competence. Depression, self-imposed activity limitations and fear of falling decreased. As documented in analysis of qualitative as well as quantitative data, additional spin-off benefits of this program included development of intergenerational relationships between trainers and participants and strong community support for expansion of the program to more than five hundred older adults on the waiting list.

PLANNING AND IMPLEMENTING A COMMUNITY-BASED EXERCISE STUDY WITH OLDER ADULTS WITH MULTIPLE CHRONIC ILLNESSES

J.S. Warren, C.J. Johnson, T.R. Prohaska, Midwest Roybal Center for Health Maintenance, University of Illinois at Chicago, Chicago, IL 60607

Few exercise studies have targeted high-risk, minority older adults. This understudied population poses significant recruitment and retention challenges to researchers. This study was designed to measure exercise adherence over a 2 year period in minority, older adults with 2 or more chronic conditions. The purpose of the study was to determine if an education intervention linking exercise to chronic disease self-management would improve participants' exercise adherence. The intervention design is unique in that it provides an ongoing exercise program for the entire 2 year period of the study.

After one year of a pilot study, most participants (n = 34) improved on one or more measures –health status, fitness performance tests, functional status, self-efficacy for exercise and mental health scores. However, the poor health of this population required intensive effort by research staff in order to retain participants over the study period. Frequent phone contact, health monitoring, and health advocacy for the participants was necessary. While labor intensive, this approach has resulted in long term exercise adherence among this group even though attendance may be sporadic on a weekly basis. More importantly, participants have demonstrated an increased motivation to exercise on their own. At one year retention rates remain at 53% with the majority of attrition due to health problems and caregiver burden.

UNDERSTAND EXERCISE BEHAVIOR IN OLDER ADULTS: MODEL TESTING.

B. Resnick, University of Maryland, Baltimore, MD 21201. The purpose of this study was to test a model of exercise behavior in older adults. It was hypothesized that gender, marital status, chronic illness, mental and physical health, self-efficacy and outcome expectations, fear of falling, and past exercise behavior directly and/or indirectly influence current exercise behavior. The sample included 201 older adults living in a continuing care retirement community (CCRC) and a one time interview was conducted. The mean age of the participants was 85 ± 6.1 years, and the majority were Caucasian (n=199, 99%), female (n=155, 77%), and unmarried (n=153, 76%). Twelve paths were significant and the model accounted for 40% of the variance in exercise behavior. A trimmed model including only significant paths was tested and there was no improvement in model fit with the addition of the non-significant paths. Self-efficacy expectations, outcome expectations, and prior exercise directly influenced current exercise, and health status, gender, and marital status indirectly influenced current exercise behavior through self-efficacy and outcome expectations. Treating mental and physical health problems, and exposing older adults to interventions that will strengthen self-efficacy and outcome expectations related to exercise should be considered as a way in which to improve exercise behavior in these individuals.

AEROBIC EXERCISE DOES NOT ATTENUATE CARDIOVASCULAR REACTIVITY IN OLDER ADULTS: PRELIMINARY FINDINGS

Serina A. Neumann[1,2], Jessica R. Pelletier[1,2], Shari R. Waldstein[1,2], David C. Brendle[2], and Leslie I. Katzel[2], [1]University of Maryland, Baltimore County, [2]University of Maryland School of Medicine / Baltimore VA Medical Center GRECC, Baltimore, MD 21201.

Enhanced cardiovascular reactivity (CVR) to stress may predispose to coronary heart disease (CHD) whereas increased physical activity may serve as a buffer. We examined the effects of 6 months of treadmill exercise on CVR responses to anger-provoking situations. 11 men and 4 women age 69±8.0 (mean±sd) with silent myocardial ischemia were randomly assigned to waitlist control (n=6) or aerobic exercise (n=8) groups. Participants engaged in three, 10 min. rest periods prior to three, 3 min. tasks (anger recall, anger-provoking, role-play, and math) before and after exercise training. Systolic (SBP) and diastolic (DBP) blood pressure (mmHg) and heart rate (HR) responses were measured every min. during the rest (last 4 min.) and task periods. Rest-to-Task aggregate change scores were computed for each task for each time period. Increases in VO_2Max (ml/kg/min) were significantly greater in the exercise group (Pre: 23.0±3.5; Post: 25.0±2.9) than the control group, $p<.05$. Repeated Measures ANOVAs (Condition-x-Time-x-Task) revealed that there were significant decreases over time in SBP (Pre: 21.9±11.2; Post: 14.3±10.5), $p<0.02$ with trends for DBP (Pre: 10.8±6.5; Post: 8.1±7.9) and HR (Pre: 11.7±11.6; Post: 9.5±7.3). However, there were no significant CVR differences between the control and exercise groups over time. These nonsignificant findings are likely due to a task habituation effect from pre to post testing. These findings suggest that aerobic exercise may not attenuate cardiovascular reactivity to stress in older adults.

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COMPRESSION OF MORBIDITY HYPOTHESIS: A GUIDE FOR RESEARCH IN AGING?

W. Satariano, School of Public Health, Univ. of California at Berkeley, CA 94720; C. Mendes de Leon, Rush Institute for Healthy Aging, Chicago, IL 60612; D.J.H. Deeg, Department of Psychiatry, Vrije Univ., Amsterdam, NL.

PARTICIPANTS:

W. Satariano (School of Public Health, Univ. of California, Berkeley, CA 94720) Compression of Morbidity Hypothesis: Epidemiological Implications.

E.M. Crimmins (Andrus Gerontology Center, Univ of Southern California, Los Angeles, CA 90089) Empirical Evidence of the Compression of Morbidity in the United States.

K.M. Suthers, J.K. Kim & E.M. Crimmins (Leonard Davis School of Gerontology, Univ. of Southern California, USC/UCLA Demography of Aging Research Center, Los Angeles, CA 90089) Estimates of Life Expectancy with Cognitive Impairment in the 70+ Population in the United States.

D.J.H. Deeg & C. Jonker (Department of Psychiatry & Institute for Research in Extramural Medicine, Vrije Univ., Amsterdam, NL) Thirty-Seven Year Trends in Cognitive & Physical Function: Evidence from the Netherlands.

T.A. Glass & C. Mendes de Leon (Center on Aging & Health and Department of Epidemiology, Johns Hopkins Univ., Baltimore, MD 21205. Time Trends in Recovery Rates from Disability.

DISCUSSANT:

R. Suzman (BSR, National Institute on Aging, Bethesda, MD 20892).

The Compression of Morbidity (COM) Hypothesis states that increased longevity is associated with a reduction in morbidity and disability. This is due to a fixed life span, coupled with a later age at onset of leading chronic conditions. The usefulness of the COM Hypothesis for current research in aging will be reviewed, including its logic, conceptual clarity, and testability. As a test of the COM Hypothesis, recent epidemiological data on cognitive and physical function from the U.S. and the Netherlands will be presented. Attention also will be given to the evolution of the COM Hypothesis, alternative hypotheses, and their implications for future research in the epidemiology of aging.

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LOW-WAGE SERVICE WORKERS AND THE CHALLENGES OF SAVING FOR RETIREMENT

J.G. Gonyea & R.B. Hudson Boston University School of Social Work, 264 Bay State Rd., Boston MA 02215.

Although public and private policy makers are increasingly sending the message that each of us must do a better job of saving for our own retirement, individuals in the low-wage service sector encounter significant challenges accruing sufficient funds for a "comfortable retirement." While a contingent workforce appeals to employers due the flexibility and economies associated with this laborforce, it also brings significant social costs. Low-wage workers face a greater risk of reaching the end of their working lives without a pension, and with only minimal Social Security benefits. Only 1/3 of part-time employees work for a firm offering a retirement plan, and equally important less than ½ of part-time workers eligible for such coverage choose to participate.

Using survey data from approximately 400 full-time and part-time low-wage health services workers, this study investigated the factors that influence saving for retirement. Using logistic regression, 5 domains were examined as predictors of saving behavior: financial knowledge and skills; retirement expectations; economic resources; job characteristics; and demographic variables. Implications of the findings, particularly "financial literacy," are examined in terms of identifying retirement planning initiatives and policies that are more responsive to these workers.

DETERMINANTS OF THE AMOUNT OF SAVINGS IN THRIFT SAVINGS PLANS AND INDIVIDUAL RETIREMENT ACCOUNTS

S.A. DeVaney & Y. Chien. Department of Consumer Sciences & Retailing, Purdue University, West Lafayette, IN 47907-1262.

Since the 1980s, pension coverage has shifted from defined benefit to defined contribution plans that depend on employee contributions and investment choices and possible employer matches. The purpose was to examine determinants of the amount of savings in both thrift accounts and IRAs, another possibility for voluntary savings. Data from the 1995 Survey of Consumer Finances were examined using tobit regression. The amount in thrift saving plans was positively related to income, education, financial assets, and percentage of employer's contribution, and negatively related to the amount of non-financial assets and either spouse being self-employed. If respondents were married, professional, and if either spouse had a defined benefit plan, they were more likely to hold larger amounts of thrift savings. When IRAs were examined, the amount of savings was positively related to income, education, and financial assets, and negatively related to the amount of non-financial assets. Those 45 and older, married, white, professional, homeowners, and willing to take substantial or above average risk tolerance, had larger amounts in IRAs. Finally, those who spent less than last year's income had larger amounts in IRAs.

401(K) ASSET ALLOCATIONS AND SOCIAL SECURITY REFORM

C.E. Uccello. The Urban Institute, 2100 M St NW, Washington DC 20037.

Two relatively recently developments increase the importance of understanding how workers invest their 401(k) plan assets. First, the trend toward defined contribution (DC) plans places more of the asset allocation responsibility and investment risk directly on workers rather than employers. Second, many recent Social Security reform proposals include provisions that would create individual accounts.

To address these issues, this paper uses the 1995 and 1998 Survey of Consumer Finances to examine 401(k) investment allocation behavior. Using an ordered probit regression model, the results show that 401(k) participants with an underlying defined benefit plan are more likely to invest in equities than are participants whose 401(k) is their primary plan. This suggests that workers who have a guaranteed source of retirement income are more likely to invest their other retirement assets more aggressively. The removal of this guarantee might result in more conservative investment.

These results suggest that if a Social Security individual account system is offset by a reduction in the defined benefit nature of the program, participants might direct their account assets more conservatively than they do in the current 401(k) system. In addition, 401(k) investment patterns may become more conservative as the shift toward primary DC plans continues.

The results also provide evidence that a 401(k) participant's allocation strategy correlates highly with the spouse's 401(k) allocation strategy, suggesting that households make their asset allocation decisions jointly.

PERCEPTIONS AND EXPECTATIONS OF FINANCIAL NEEDS IN RETIREMENT

D. G. MacGregor,* P. Slovic,* S. Hermanson
*Decision Research, 1201 Oak Street, Eugene, OR 97401

One of the steeper challenges for baby boomers is management of financial resources. Baby boomers who are able to plan and act effectively for their financial future are better prepared to provide comfortably for themselves in their retirement years. However, research in behavioral finance suggests that the psychological demands of financial decision making are high and that systematic biases in how people reason about finance may lead to errors in financial judgment. A national telephone survey of leading-edge baby boomers (age 45-55) revealed that expectations about long-term performance of financial markets as well as perceived risks of saving and investing conflict with those of professional financial advisors. Individuals' expectations about how they plan to provide for their financial needs in retirement were highly varied, and in some cases reflected unrealistic views about their economic needs in the future and/or their ability to meet them. Results indicate that some categories of individuals require significant assistance in developing and implementing financial strategies that adequately prepare them for retirement.

EFFECTS OF HEALTH ON ASSET ACCUMULATION AND RETIREMENT SAVING. Y. Lum, School of Social Work, University of Minnesota-Twin Cities, St. Paul, MN 55108. Income from assets is a major income source for elderly people: The amount of asset income depends on both the size of income generating assets they accumulated over their life course and the rate of return on their investment. This study investigates the effects of health on asset accumulation and investment behavior among a group of pre-retirement adults. Major findings are the following: (1) there is a strong association between health and asset accumulation. Individuals with excellent health have 1,150% more assets than individuals with poor health. This association persists even after controlling for demographic and educational variables in regression analyses. (2) The health-asset association is stronger than the health-income association. Individuals with excellent health have only 358% higher household income than individuals with poor health. (3) Individuals with better health also invest a larger percentage of their assets in the equity market than individuals with poor health. (4) There is a strong racial and ethnic difference in the association among health, asset accumulation, and investment behavior. Source of data is from the Health and Retirement Study.

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COORDINATING LONG-TERM CARE AND MEDICAID MANAGED CARE: LESSONS FROM OREGON

EG Walsh, Health Economics Research, 411 Waverley Oaks Rd, Suite 330, Waltham MA 02452

C. Murtaugh, MS Sparer and PH Feldman (Center for Home Care Policy and Research, VNSNY, New York NY) Publicly Funded Long-Term Care in Oregon: An Overview of the System and Its Interface with Medicaid Managed Care

G Khatutsky, EG Walsh and JB Mitchell (Health Economics Research) Long Term Care Users and Their Experience with Managed Care in Oregon.

EG Walsh and E Kulas (Health Economics Research) The Impact of Medicaid Managed Care on LTC Costs in Oregon.

DISCUSSANT: Robyn I. Stone (Institute for the Future of Aging Services, Washington DC)

Oregon enrolls most of its Medicaid beneficiaries, including long-term care users, in managed care plans for their acute and medical care needs. However, all LTC services continue to be authorized and paid for on a fee-for-service basis through a separately case managed system. The first paper will describe the interface between the managed care plans and the LTC system, identify approaches taken and problems encountered coordinating across these two systems, and place Oregon's experience in a national context.

A third of the LTC users are exempted from managed care enrollment, primarily because they have additional private coverage (eg medigap policies), allowing comparisons between LTC users who receive their acute care benefit in managed care plans and those in fee-for-service acute care. The second paper uses survey data to compare health services utilization, access and satisfaction with health care, and unmet needs between Medicaid managed care enrollees and those in fee-for-service. The survey was fielded in 1999 to a stratified random sample of community residing disabled Medicaid beneficiaries, including adults and elders, and was subset to long term care users (N=1118, mean age 63.7 years).

The final paper is a longitudinal analysis of LTC users and LTC costs, comparing those receiving their acute care from Medicaid managed care plans to those in fee-for-service for their acute care benefit. Total and average per user LTC costs increased markedly since the implementation of Medicaid managed care, well beyond the rate of inflation or growth in the LTC population. Controlling for case mix, we found LTC costs to be significantly higher for managed care enrollees, especially for community residents. These findings are consistent with case study reports of cost-shifting from the managed care plans to the LTC system.

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Discussing Prognosis: Communication with Elderly Patients at the End of Life A G Hallemeier, E H Bradley, T R Fried, E J Cherlin, S V Kasl, R J Hurzeler, S M Horwitz Yale School of Medicine, 60 College Street, New Haven, CT 06520 Discussions of prognosis are an essential first step to adequate advance care planning and consideration of hospice. This research examined the frequency and scope of documented physician discussions concerning prognosis with terminally ill cancer patients and their families. Data were abstracted from medical records of 210 randomly selected elderly patients with terminal cancer cared for in community hospitals in Connecticut. Results indicated that only 37.6% of patients had documented discussions about prognosis, and nearly half of these had only one discussion during admission. Bivariate analyses indicate that older patients (80+years), emergency admissions, those with longer length of stays, and those with more diagnoses were more likely to have documented discussions. In multivariate analyses, only emergency admissions and longer lengths of stay were associated with having documented prognosis discussions. About half of the discussions did not include the patient, although nearly all were cognitively intact. In 53.1 percent of the cases in which a documented discussion of prognosis was apparent, explicit discussions about life-sustaining treatment preferences occurred subsequent to the prognosis discussion. Previous research has suggested that truth-telling in the case of dying patients is difficult and controversial. This study suggests that, even among terminally ill patients whose course of disease (cancer) is more predictable, prognosis discussions are relatively rare and often do not involve the patient. Additional efforts to enhance compassionate communication of prognosis may be an important step to improving the care of dying patients in the acute care setting.

PALLIATIVE CARE: AN ALTERNATIVE TO PHYSICIAN ASSISTED SUICIDE?

H. Schwartz, L. Curry, C. Gruman, K. Blank, Braceland Center for Mental Health and Aging, Institute of Living/Hartford Hospital, 400 Washington St., Hartford, CT 06106 and University of Connecticut School of Medicine.

While it has been argued that adequate palliative care (PC) would obviate the need for PAS, physician training and experience with PC is notably limited. In a survey of 2,805 Connecticut physicians, 42% stated that there would be no role for PAS in systems where PC is available. These physicians are significantly more likely to be Catholic, to be internists and to have never written a lethal prescription (all $p<.001$). They also have a higher number of terminally ill (mean 7.2 vs 4.9) and older patients (40% are over 65, vs 34%) (both $p<.001$). They are significantly less likely to obtain a prescription for themselves if they were terminally ill, less likely to self prescribe, and less likely to be concerned with a range of considerations relative to PAS (all $p<.001$). Respondents (n=152) provided written comments. Content analysis using NUD*IST 4.0 software revealed two central, interrelated themes: belief that adequate PC would eliminate the need for PAS, and physician education and training in PC is woefully insufficient. Knowledge about and belief in the efficacy of PC clearly plays a role in the formation of attitudes toward PAS. Further physician training in PC would be expected to significantly influence the PAS debate.

Intergenerational Similarities and Differences in Attitudes Towards The Use of Life-Sustaining Treatments

T L Mills, Department of Sociology
University of Florida, Gainesville, FL 32611-7330
J M Wilmoth, Department of Sociology
Purdue University, West Lafayette, IN 47907

While it is relatively common today for a terminally ill older patient to receive life-sustaining treatment, there are many factors that an individual or family member might consider in making the difficult decision to continue or withhold life-sustaining treatment for oneself or a relative. This study addresses two research questions. *First*: "what is the degree of similarity across generations in attitudes toward life-sustaining treatment?" *Second*: "are there differences across generations in the factors that are identified as being important to making decisions about life-sustaining treatments?" Distinctions are made between decisions about treatment for one's self versus decisions that are made for parents. Using data from the 1991 wave of the University of Southern California Longitudinal Study of Three Generation Families, the sample consist of 1,220 individuals who were either first (G1), second (G2), or third (G3) generation family members. The results indicate significant generational differences in the assessment of specific items. Overall the older generation (G1) indicates mental capacity, family burden, and pain as being the most important factors. However, among the second generation (G2), family burden was not an important factor. Yet for the G2s the type of life-sustaining treatment was important. The youngest generation (G3) was similar to the other two generations in that mental capacity and pain were extremely important, but a smaller percentage indicated these factors were extremely important. These findings point to the importance of family members jointly communicating their preferences for care and treatment.

FACTORS ASSOCIATED WITH HOME VERSUS INSTITUTIONAL DEATH AMONG CANCER PATIENTS IN CONNECTICUT

W.T. Gallo, M.J. Baker, E.H. Bradley
Department of Epidemiology and Public Health, Yale University School of Medicine, New Haven, CT 06520

Using data from the Connecticut Tumor Registry, this prospective, cohort study investigates the relationship between home death and a set of demographic, disease-related, and health resource factors among individuals who died of cancer. Participants included 4766 adult individuals (mean age=69 years) who met all of the following criteria: (a) died of a cancer-related cause in 1994, (b) had previously been diagnosed with cancer in Connecticut, and (c) died either at home or in an institution (hospital or inpatient hospice). The results of relative risk regression indicated that demographic characteristics (being married, female, white, and residing in a higher income area), disease-related factors (cancer type, longer survival post-diagnosis), and health resource factors (greater availability of hospice providers, reduced availability of hospital beds) were associated with dying at home rather than in an institution. The implications of this study for clinical practice and health planning are considerable. Regarding clinical practice, the findings identify groups at higher risk for institutionalized death, groups that may be targeted for possible interventions to promote home death, where preferred. For health planning, the findings suggest that site of death is influenced by available health system resources. Thus, if home death is to be supported, the relative availability of hospital beds and hospice providers may be an effective policy tool for promoting home death. This research was supported by NIMH Training Grant 5T32-MH14235.

PRELIMINARY FINDINGS FROM AN INNOVATIVE MODEL TO IMPROVE CARE AT THE END OF LIFE

S.M. Enguidanos, D.A. Cherin, R.D. Brumley, W.J. Simmons, Partners In Care Foundation, 101 S. First Street, Suite 407, Burbank, CA 91502

The need for new and effective models of care for those nearing the end-of-life has been well documented. With a growing population of chronically ill, end-of-life care presents enormous disease and resource management challenges which, as yet, have been inadequately addressed by the health care system. The fiscal structure of Managed Care Organizations offers an excellent opportunity to test new end-of-life care models. The purpose of this study is to develop and test an innovative Palliative Care Program (PCP) implemented at Kaiser Permanente TriCentral Service Area, designed to improve patient care at the end of life. Based on the Hospice benefit, the PCP was modified to provide care over a longer period of time for members with a life threatening illness and a life expectancy of one year or less. Preliminary findings from this study indicate that costs of acute care service decrease significantly when compared to a similar group of members. Logistic regression revealed that PCP has 5.5 times greater likelihood of reducing hospital days than standard home care (p = .007) and mean ER visits were significantly lower (p =.0001) for the PCP group. Significant lower service utilization patterns for PCP patients were also detected among skilled nursing care and physician visits. Initial findings support a new care model that improves patient care and service utilization patterns without impacting satisfaction with services among end-of-life patients.

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Title Successful Aging for Adults with Developmental Disabilities: Current Research Findings and Future Directions. **Symposia Co-chairs:** Philip McCallion, Ph.D. Address: Richardson 208; University at Albany, 135 Western Avenue, Albany, NY 12222.
Alan Factor Ph.D. Address: Rehabilitation Research and Training Center on Aging with Mental Retardation, University of Illinois at Chicago, 1640 W. Roosevelt Road, Chicago, Il. 60608-6904.
Participants:

T. Heller and J. Rimmer, (Department of Disability and Human Development, University of Illinois at Chicago, 1640 W. Roosevelt Rd., Chicago, IL 60608). Exercise adherence among older adults with mental retardation: exercise knowledge, fitness, and life satisfaction outcomes

A. Factor & R. Hemp (RRTC on Aging with Mental Retardation, Chicago, IL 60608-6904); R. Berkobien (The Arc, Silver Spring, MD 20910). Satisfaction with Medicaid managed healthcare for older adults with developmental disabilities.

Matthew Janicki, Ph.D. & Philip McCallion, Ph.D. (University at Albany, Albany, NY 12222). Aging in Place: Effective care models for older adults with developmental disabilities experiencing dementia.

This symposium continues on-going integration of developmental disabilities and aging research and practice to ensure the betterment of the lives of aging persons with developmental disabilities. Application of exercise to the health regimes of persons with developmental disabilities, the reworking of day and residential models for care to maintain in the community persons experiencing dementia, and consumer satisfaction with healthcare provision are all examined.

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BEHAVIORAL FINDINGS, MEASURES, AND CLINICAL APPROACHES WITH RESPECT TO DEMENTIA CARE

D. Holmes & J. Teresi, Hebrew Home for the Aged at Riverdale, 5901 Palisade Avenue, Riverdale, NY 10471

PARTICIPANTS

K. Van Haitsma (Philadelphia Geriatric Center, Philadelphia, PA 19141) Overview of Methods and Approaches to the Measurement of Behaviors

J. McCann (Rush Institute on Aging, Chicago, IL 60612), N. Kutner, Emory University, J. Teresi, Hebrew Home for the Aged at Riverdale, & K. Van Haitsma, Philadelphia Geriatric Center Overview of Findings from the NIA Studies of Special Dementia Care

J. Cohen-Mansfield (Hebrew Home of Greater Washington, Rockville, MD 20852) Interventions for Behavioral Problems in Persons Suffering from Dementia

R. Logsdon (University of Washington, Seattle, WA 98185) Behavioral Outcomes of Dementia Special Care Units: Results from Four of the NIA Collaborative Studies

R. Rosenwarne (Monash University, Melbourne, Australia 3-3022) Efficacy of Psychosocial Approaches to Behavior Management.

DISCUSSANTS

M. Ory (National Institute on Aging, Bethesda MD 20892)

L. Teri (University of Washington, Seattle, WA 98185)

Cessation or reduction of disturbing behaviors often is of paramount interest when dealing with residents in nursing homes. Often placement in a special dementia care unit is predicated on a resident's behavioral manifestations. The speakers will address this topic, presenting and discussing the most recent research and programmatic findings from a variety of sources, including the collaborative studies of special dementia care units in nursing homes, funded by the National Institute on Aging, and the program currently underway in Australia. (GSA Formal Interest Group)

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The projected retirement income of the baby boomers in 2020: Lessons learned from projections from SSA's microsimulation models and future challenges

H. Iams, SSA, 500 E Street, S.W. Room 914, Washington,D.C. 20254

Participants:
B. Butrica (SSA,Washington, D.C.) "Who among the baby boomers can expect greater retirement income?"
J. Moore (SSA, Washington, D.C.) "Will the pension income of baby boomers fall short?"
M. Waid (SSA, Washington, D.C.) " Who has the greatest assets: Baby boomers or their parents?"
L. Cohen (SSA, Washington, D.C.) " Who in the baby boom can expect "a fair return" from current law Social Security benefits?"
Discussants: Sara Rix (AARP, Washington, D.C.)
Joyce Manchester (SSA, Washington, D.C.)

This symposium discusses what we have learned from projected retirement income in two microsimulation models developed for policy analysis at the Social Security Administration (SSA). The session focuses on the extent that retirement income, pension income, economic vulnerability, and wealth of the baby boom should differ in 2020 from that of their parent's generation. The presentations identify subgroup differences particularly for minorities and the less educated. These results suggest what may occur under current law and trends in the sources of retirement income for the baby boom. Discussion identifies future challenges to improving policy estimates on retirees. The SSA's two microsimulation models with individual data are MINT and POLISIM. The Modeling Income in the Near Term (MINT) data system projects the retirement circumstances of the aged population in 2020. Based on Social Security record data and the Survey of Income and Program Participation, MINT statistically takes into account past life history and projected demographic changes. An adaptation of CORSIM, POLISIM projects Social Security costs and retirement income over the next 75 years, based on statistical predictions with the 1960 Census.

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ATTITUDES OF NURSING ASSISTANTS TOWARD THEIR STATUS AS HEALTH CARE WORKERS AND TOWARD THEIR ROLE AS PRIMARY CARE GIVERS IN A NURSING HOME

P. Passeltiner, 440 South Pacific Avenue, Pittsburgh, PA 15224

Turnover in nursing homes among nursing assistants (NA's) may exceed 50%. In a strong economy, service jobs attract potential NA's to less stressful environments. With an increasing old-old population, more NA's will be needed.

The Heritage Nursing Home in Pittsburgh offered competitive wages and education incentives to Certified Nursing Assistants (CNA's) to attract and maintain qualified staff.

15 CNA's participated in face-to-face interviews lasting 10 minutes in which confidential responses to open-ended questions and demographics were recorded.

All CNA's considered themselves "professionals." Average tenure was 2.5 yrs; 99% expected to continue. 60% held concurrent jobs; 27%, attended class. The most important aspect of their work was "comforting and cheering old people at the end of their lives" (100%); the hardest part was "lifting,"(47%) and "losing dying residents" (27%); "caring for and about residents' (53%) outweighed the "strenuous work." (40%). 33% wanted "recognition for their contribution;" 60%,"more staff, for more time with residents."

Quality of care in a nursing home reflects stability of staff and continuity of relationship between care giver and resident. Recognition of the ideals and professional image of NA's by administrators, supervisors, and physicians in a nursing home may attract qualified workers and reduce attrition.

OBSERVATIONS AND REPORTING, OR JUDGEMENTS? The role of Certified Nursing Assistants (CNAs) in caring for people with dementia in the nursing home environment.

S.M Ruka, Boston College School of Nursing, Chestnut Hill, MA 02467-3812

Professional nursing presence is lacking in the long-term care environment. Despite increasing complexity of care needs, 85% of the staff providing direct care needs are CNAs. While clinical judgment belongs in the realm of the professional nurse, CNAs providing direct care are often called upon to go beyond observing and reporting and to enter into the arena of decision-making.

The purpose of this presentation is to identify the type and extent of CNA decision-making within the context of providing direct care to residents who are cognitively impaired. Data include qualitative staff interviews and direct observation of resident and staff interactions. Preliminary findings of the pilot study include evidence of a relationship between judgments made by CNAs and behavioral/emotional patterns exhibited by residents with dementia.

Policy and practice implications address the need for: an environment that supports sensitive care giving, the link between staffing and quality of care, and the need for professional nursing staff that are involved in and have responsibility for direct care.

LESSONS LEARNED: HEALTH PROMOTION IN LONG TERM CARE - THE CONTEXTUAL ENVIRONMENT

B. W. McCabe, C. Grasser, K. Bickerstaff, University of Nebraska Medical Center College of Nursing, Lincoln, NE 68588-0620

The Institute of Medicine has called for efforts to delineate mechanisms through which specific changes, events, or time of exposure to defined environments may affect health outcomes. This 3-year NIH-funded project examined factors that influence the practice of health-promoting behaviors by residents in long term care settings. This presentation focuses on contextual variables (resident, staff, and institutional) that support or impede engagement in health-promoting behaviors by

residents. The sample: 180 long term residents and 30 staff members directly involved in the care of the residents from six mid-western facilities were interviewed using the Health-Promoting Lifestyle Profile-II. A structured questionnaire was used to measure traditional and non-traditional factors present in the institutional settings. Multiple regression analysis will be used to determine the extent to which environmental contextual variables explain health-promoting behaviors by residents in long term care facilities. Recommendations relative to creating a contextual environment conducive to the practice of health-promoting behaviors in long-term care settings will be presented.

PROFESSIONAL BOUNDARIES AND BURDEN: VALIDATION OF A NEW MEASURE FOR PROFESSIONAL CAREGIVERS

E. McCarty & C. Drebing, Boston U. ADCC, Bedford VAMC–116B, 200 Springs Road, Bedford, MA 01730

High levels of burden have been noted among professional caregivers for patients with dementia. In a previous interview study with professional caregivers, we found that maintenance of appropriate boundaries between work and home life appeared to be directly related to experience of burden. The current study seeks to validate the Professional Boundaries Index (PBI) a new measure of the degree to which professionals keep work related activities, thoughts, and affects from non-work time. Expert judges examined 20 items generated from the definition. Twelve items passed content validity review and were administered to 50 professional caregivers. One item was eliminated when it's item-intercorrelation fell below .30. The remaining items have good reliability (Cronbach's alpha = .91, split-half reliability - .91). Significant negative correlations were found between the PBI and stress related behaviors, including positive behaviors such as exercise (r = -.37), as well as negative behaviors such as smoking (r = -.48), alcohol use (r = -.28), and overeating (r = -.36). The PBI was also negatively correlated with the ability to recognize feelings of grief about the death and illness among the subjects patients (r = .47). Length of time working in dementia care (r = -.27) and income (r = -.36) were also negatively correlated with PBBI. These results provide initial support for the validity and reliability of the PBI. Ways for administrators to prepare employees for managing the emotional stressors of this type of work are discussed.

PROFESSIONAL CAREGIVERS FOR PATIENTS WITH DEMENTIA: JOB LONGEVITY AND BURDEN

C. Drebing &E. McCarty , Boston University ADCC, Bedford VA Medical Center – 116B, 200 Springs Road, Bedford, MA 01730

In many states, the lack of qualified staff for dementia care programs and nursing homes, has reached a crisis point. Understanding what factors predict career longevity among professional caregivers may shed light on ways to encourage longevity. Demographic, burden, job activities, and other variables are correlated with reported estimates of career longevity in 50 professional caregivers working in in-patient dementia special care programs. Variables which were found to predict longevity include professional caregiver burden (r = .11) , sense of personal benefit from working with patients (r = .11-.11), close involvement with patients families (r = .11-.11), ability to cope with death of patients directly (r = .11), and the ability to transition between work and home life smoothly(r = .11). Variables which are not predictive include education(r = .11), income(r = .11), and current longevity(r = .11). Professional caregiver longevity is related to an array of variables, but is closely related to the employee's level of involvement in the interpersonal aspects of the work, the degree to which they feel personal growth or benefit, and the level of burden work generates. Employers can use these variables to enhance employee's work experience and improve longevity.

INTERDISCIPLINARY NEEDS ASSESSMENT ACROSS A STATE: A MODEL TO PRIORITIZE GERIATRIC EDUCATION FOR LONG TERM CARE STAFF.

A. D'Eramo & J. H. Rose, Geriatric Research, Education & Clinical Center (GRECC), The Louis Stokes Cleveland VA Medical Center, Cleveland, OH 44106

An important mission of GRECCs is to improve quality of care for older veterans by region. GRECCs are challenged to assess regional educational needs and to provide training that links skills and knowledge to quality care outcomes. Interdisciplinary long-term care (LTC) teams were gathered together at each of the four medical centers and at a large outpatient clinic in the region served by the Cleveland GRECC. Health care professionals (N=42) in these facilities were asked a series of questions developed by the GRECC education team. Initial questions focused on participant views about site-specific strengths and challenges in providing quality LTC to older veterans. These questions were the impetus for identifying needs in geriatric education.

Despite important differences among facilities, common themes emerged across all the sites as follows: Strengths: (commitment to older veterans, team approach to care; experienced providers); Challenges: (less than optimal staffing, complex patient needs, staff morale); and Geriatric Education Needs: (behavioral management, dementia care, assessment or communication skills, nursing assistant training, and palliative care). Based on these findings, the Cleveland GRECC education team will implement regional as well as site-specific training for LTC staff.

DO RURAL ELDERLY ENTER NURSING HOMES BEFORE THEY NEED TO?: A COMPARISON OF URBAN AND RURAL ADMISSION COHORTS

J.D. Penrod, Department of Preventive and Societal Medicine, University of Nebraska Medical Center, 984350 Nebraska Medical Center, Omaha, NE 68198-4350

There is some evidence suggesting that older people in rural communities are "prematurely institutionalized," i.e., at lower levels of functional disability compared to their urban counterparts. Although prior studies have examined the relative effect of demographic factors on admissions, they have invariably failed to consider the impact on admission functional status of the supply of long-term care (LTC) options in rural compared to urban areas. Using MDS data for Nebraska, the present study found the unadjusted effect of county type (rural or urban) on functional status at admission suggests rural elderly are admitted to nursing homes less functionally impaired compared to those from rural-adjacent and urban counties. Additionally, as nursing home beds per 1000 elderly increase, functional disability at admission decreases. As availability of home health increases, functional disability at admission increases. However, individual characteristics such as being married or having Alzheimer's Disease at admission mediate and reduce the effect of geograpny and availability on admission functional status. The findings indicate that marriage increases the level of disability at admission, as does having cancer, a hip fracture or a stroke, being older, being admitted from hospital, or eligible for Medicare to cover the admission. People with Alzheimer's disease or other dementia are significantly less functionally disabled at admission. Thus, individual factors rather than prior residence or availability of long-term care explain the lion's share of variation in functional status at nursing home admission.

ADOPTION OF RETROSPECTIVE MEDICARE MAXIMIZATION ACTIVITIES BY STATE HOME HEALTH CARE PROGRAMS

W. L. Anderson, UNC School of Public Health, 1101 McGavran-Greenberg Building, CB#7400, Chapel Hill, NC 27599-7400

In the 1990s, some states began paying claims for home health care up front and retrospectively chasing Medicare reimbursement through an appeals process with Medicare administrative law judges in order to maximize Medicare reimbursement. This research addresses why some states adopted retrospective Medicare maximization programs and their efficiency. Longitudinal state-level primary data were collected through structured telephone interviews from Medicaid officials in 48 states to determine if and when states adopted various Medicare maximization activities. Data on supply and demand factors as well as other Medicaid programmatic factors were used in Logit estimations using retrospective and prospective Medicare maximization activities as outcomes. In addition, a cost/benefit analysis was conducted in several states to document retrospective approaches to Medicare maximization and determine their efficiency. Northeastern states that had higher Medicaid expenditures per Medicaid eligible were more likely to have these retrospective Medicare maximization programs, with benefit-to-cost ratios of between 10 and 30. Connecticut recovered $22,902,000 in calendar year 1998 and Massachusetts recovered $12,700,000 in fiscal year 1999 from the Medicare program, while each spent a little more than $1,000,000. As more states are faced with increasing responsibility for providing for the home health needs of their citizens, they will face additional pressure to start retrospective Medicare maximization programs.

TURNOVER AMONG NURSING HOME ADMINISTRATORS IN NY STATE: 1970-1997.

J.J. Angelelli, D. Gifford, A. Petrisek, V. Mor.
Center for Gerontology and Health Care Research, Brown University, Providence RI 02912.

Greater job complexity and administrative responsibilities related to OBRA requirements and the growth of sub-acute care have had an unknown impact on nursing home administrator turnover in recent decades. Our paper provides a comprehensive review of administrator turnover from 1970 to 1997 in New York State. We observed an increase in turnover in the late 1980s and early 1990s. In 1986, only 4.9% of nursing homes employed three or more different primary nursing home administrators during the calendar year. By 1990, the percentage had doubled to 10.3%. However, the rate declined to 3.6% in 1997. The average job tenure across the entire 27-year period was 2.5 years, with one-half of all tenure periods lasting less than one year. Over 27% of the nursing homes had four or more different administrators between 1991 and 1997. However, 35% of nursing homes in New York did not experience a change in their primary nursing home administrator from 1991-1997. Our findings reveal a relatively high level of turnover in some nursing homes and a stable environment in a large percentage of other homes. We tested a proportional hazard model for repeated events and found hospital-based status and chain membership to be significant predictors of increased risk of turnover. Future analyses will examine the relationship between high turnover and long-term care quality indicator measures under development.

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DECREASING ASSESSMENT TIME IN BREAST CANCER DIAGNOSIS FOR LOW-INCOME WOMEN OVER 40: CLINIC AND HEALTH CARE SYSTEM CHARACTERISTICS

P Arnsberger, PJ Fox, PT Ryder, B Nussey, R Otero-Sabogal, E Takahashi *& X Zhang, Institute for Health & Aging, University of California at San Francisco, San Francisco, CA 94143. *Calif Dept of Health Svcs,

Quantitative, in-person, surveys with 52 randomly selected clinics which participate in one of two no-cost breast cancer screening and diagnostic programs for low-income women were analyzed to determine factors significantly associated with time to diagnosis for 436 women who had received abnormal breast cancer screening results. Only the factor "offering early morning screening hours" retained significance at the p < .05 level in multivariate analysis. Having the site's overall ambiance rated as "somewhat" or "very pleasant" tended toward significance; having at least 10% of patients who spoke an Asian-Pacific Island language was also close to significant.

SENIORS AT RISK: BIOLOGICAL, PSYCHOLOGICAL & SOCIAL FACTORS RELATED TO THE HOSPITAL USE OF SENIORS.

R. R. Whitebird, R. A. Kane, Department of Health Services Research & Policy, University of Minnesota, Minneapolis, MN 55455, M. J. Goodman, The HealthPartners Research Foundation, Minneapolis, MN 55440.

Identification of seniors at risk for hospital utilization has become an important component of case management and prevention services. This study examined the relationship between a group of risk factors and hospital utilization in a senior population of HMO members. Utilizing survey data and 2-year longitudinal data, the study investigated the relationship between individual risk factors and hospital utilization, the relative strength of psychosocial factors compared to physical and demographic factors as predictors of hospital use, and interaction among risk factors associated with hospital admission. Physical health & demographic measures were the strongest predictors of hospital admission in logistic regression analysis. Poorer functional status, polypharmacy, living alone and gender were also significantly related to total hospital days in multiple regression analysis. No interaction effect was found between psychosocial measures and hospital admission, or between poor functional status and perceived health.

STRUCTURING FOCUS GROUPS TO MEET SPECIAL NEEDS OF ELDERLY.

R. Anderson-Cloud & R. Lewis, Dept. of Psychiatry, Medical College of Virginia, Richmond, VA 23298.

Focus groups are useful in understanding consumer perspectives and preferences, providing in-depth exploration of a topic, and gaining new insights. They can be especially helpful with elderly clients, since many have difficulty responding to questionnaires. In this study, focus groups were conducted in both community and nursing home settings with elderly Medicaid consumers in a southeastern state, as a base for developing new statewide managed care programs combining benefits taken from Medicaid and Medicare. Findings reveal challenging logistical problems that are not a factor in focus groups with other age groups, including lack of transportation, need for physical assistance with ambulation, hearing and vision limitations, chronic medical conditions, and limited energy and attention span. Focus group methodology was adapted and refined to fit these groups. A model for adapting focus groups to elderly clients is depicted. Illustrations of typical logistical problems are presented, along with methods for addressing them.

THE IMPACT OF SNF PPS ON AVERAGE NURSING HOME LENGTH OF STAY.

C. M. Kelly, J. J. Angelleli, J. Y. Yip, K. H. Wilber
Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191

Medicare reimbursement of skilled nursing facilities (SNFs) switched from a retrospective fee-for-service system to a prospective payment system (PPS) on January 1, 1999. Under the new cost-containment strategy, the incentives are to limit expensive services and to limit the admission of clients who may require costly care. Our study examines the effects of SNF PPS on the paid length of stays of 2601residents in 14 SNFs in southern California.

We compare 603 Medicare FFS residents pre-PPS to 503 Medicare FFS residents in the post-PPS implementation period. Since our study facilities have a high volume of Medicare managed care contracting, we also compare 826 Medicare managed care enrollees pre-PPS to 669 Medicare managed care enrollees post-PPS in order to investigate the indirect impact of SNF PPS on the care of nursing home residents receiving post-acute care under a Medicare MCO arrangement. The average paid length of stay for Medicare FFS residents in the pre-PPS period (6/30/98 to 12/31/98) was 22.6 days, compared to an average of 18.4 days in the post-PPS period (1/1/99 to 6/30/99). The average paid length of stay for Medicare MCO residents in the pre-PPS period was 18.4 days, compared to 13.5 days in the post-PPS period. Our study results suggest a trend towards Medicare FFS residents having similar SNF post-acute experiences as those of Medicare MCO enrollees. The findings also suggest that organizational changes resulting from SNF PPS cost-containment strategies may have a secondary effect on the care of Medicare MCO enrollees in nursing homes.

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Surfing for Life

One (55 minute)/color videotape/1999
Produced by David L. Brown

Surfing For Life is a documentary about healthy aging and life-well-lived from the unique perspective of 7 male and 3 female surfers who have been surfing since the 30's, 40's and 50's and now range in age from 60 to 93. Through interviews centered on key aspects of healthy aging, along with archival and present day footage of the film's subjects surfing and living their lives, an entertaining image of successful aging emerges. For surfers and non-surfers alike, this video celebrates life and encourages the viewer to pursue whatever hopes and dreams inspire passion.

From a gerontological point of view, ***Surfing For Life*** is an intriguing exercise in applied gerontology and can serve as a springboard for discussion about holistic aspects of healthy and successful aging. The video leaves viewers with a renewed sense of the human potential of later life and provides a powerful alternative to the largely negative view of the capacities of older people held by many in our youth dominated society.

Contact: James Vanden Bosch, Terra Nova Films
9848 S. Winchester Ave., Chicago, IL 60643
800.779.8491 FAX 773.881.3368
e-mail jvb@terranova.org

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AGE-RELATED DECLINE IN INFLUENZA-SPECIFIC MEMORY T CELLS

Yuping Deng, Mayumi Kataoka., and Janet McElhaney.
Glennan Center for Geriatrics and Gerontology, Eastern Virginia Medical School, Norfolk, VA 23507

Influenza vaccinations are less effective in older people compared to young adults due to the reduced-immune responses to influenza vaccine in older people. The mechanism of the age-related decline in immune response is not well understood. In this study, we have quantified and compared the frequency of influenza-specific memory T cells in peripheral blood in old versus young adults using interferon-γ-based Elispot assay. Our results showed that there was an age-related decline in influenza-specific memory T cells, including CD8+ and CD4+ T cells. This age-related decline in antigen-specific memory T cells was also observed in memory T cells specific for other antigens such as varicella-zoster virus. Low frequency of influenza-specific memory T cells also correlated with a no- or low-induction of influenza-specific T cells by influenza vaccine. Our results suggest that there is a general age-related decline in antigen-specific memory T cells, and this may contribute to the reduced-immune response to influenza vaccine in older people.

SIGNAL TRANSDUCTION CHANGES IN APOPTOSIS OF POLYMORPHONUCLEAR GRANULOCYTES WITH AGING

T. Fülöp Jr, N. Douziech, S. Desgeorges, G. Dupuis* Dept. de Méd. et Centre de Rech. en Gérontol. Gériat, * Dept de Biochim, Faculté de Médecine et Institut Universitaire de Gériatrie, Sherbrooke, Qc, Canada

It is well known that apoptosis is playing an important role in several diseases associated with aging. Our aim was to study the apoptosis of polymorphonuclear granulocytes (PMNL) in aging under several stimulations. The PMNL of healthy young (20-25 yrs) and elderly (65-x yrs) were studied for apoptosis after 18 hours of sterile culture without or with stimulation. The agents used were: PMA, FMLP, GM-CSF, GSH, LPS, IL2. The apoptosis was assessed by Giemsa staining of the plates, by DNA ladder and by flow cytometric staining. It was found that without stimulation the susceptibility of PMNLs to apoptosis was slightly increased with aging. The GM-CSF was not able to rescue PMNL of elderly from apoptosis. This seems to be related to the altered signal transduction pathways elicited by GM-CSF (Jak2/STAT5, MAPK) in PMNL of elderly subjects. These changes in apoptosis of PMNLs with aging could play a role in increased infections with aging.

ATTENUATION OF EGF SIGNALING BY CAVEOLIN IN SENESCENT CELLS

S.C. Park, J.-S. Park, K.-A Cho, D.-I Kim, W.-Y. Park
Department of Biochemistry, Seoul National University College of Medicine, Seoul, 110-799, KOREA

Senescent human diploid fibroblasts (HDFs) do not respond to growth factors like EGF even though they have a normal level of receptors and downstream signaling molecules. Senescent cells did not phosphorylate Erk-1/2 after EGF stimulation whereas young cells did. In those senescent cells, we found an increased level of caveolin proteins and strong interactions between caveolin-1 and EGFR. Electron microscopic analysis demonstrated an increased number of caveolae structures in senescent cells. Brain, spleen and lung from 26 months old rats showed substantial increases of caveolin proteins. However, in case of p53-induced senescence, caveolin-1 was not induced and EGF stimulation phosphorylated Erk-1/2 as much as young control cells. We over-expressed caveolin-1 in young HDFs in which the activation of Erk-1/2 upon EGF stimulation was significantly suppressed. These results suggest that the unresponsiveness of senescent fibroblasts to EGF stimulation might be due to the overexpression of caveolins.

SIGNAL TRANSDUCTION CHANGES IN T LYMPHOCYTES WITH AGING

T. Fulop Jr, N. Douziech, A.C. Goulet, G. Lacombe, D. Gagné, M. Arcand, G. Dupuis*
Inst. Univ. de Gériatr., Lab. de Biogerontol., *Dépt de Biochimie, Fac. de Méd. Univ. de Sherbrooke, Qc, Canada.

We have demonstrated that we assist with aging to an alteration of the transmembrane signaling. We were interested at which level the alteration(s) could exist. T lymphocytes of healthy young (18-25 years) and elderly subjects (over 65 years) were studied. The receptor number on cell surface was investigated and was found not to change with aging. Study of PKC isozymes by Western blots demonstrated different resting and translocated patterns with aging in T lymphocytes compared to young subjects. The exogenous and endogenous tyrosine kinase activities (ZAP70, p56lck) were decreased with aging under antiCD3 stimulation. p59fyn activity did not change. The IL-2 signalling was also found to be altered with aging (Jak3 and STAT3 and 5). As it is known the cholesterol is increased in cell membranes resulting in an decreased membrane fluidity with aging. We used cyclodextrin to modulate the signal transduction and proliferation of lymphocyte through the TCR/CD3 receptor complex. The results indicate that alterations of T cell membranes encountered might contribute to changes in signal transduction.

AGE-DEPENDENT EXPRESSION OF FIBROSIS-RELATED GENES AND COLLAGEN DEPOSITION IN RAT KIDNEY CORTEX

N.Gagliano, B.Arosio, C.Moscheni, J.Tagliabue, C.Vergani, G.Annoni.

Dept.Geriatrics IRCCS Ospedale Maggiore, University Study Milan Bicocca and Milan, Italy

The aging kidney is characterized by morphological alterations, i.e. glomerulosclerosis and tubulointerstitial fibrosis, concurrent with its functional decline. Since the mechanisms accounting for this conditions are not yet fully understood, we evaluated the expression of some fibrosis related genes (COL-I, COL-III, TGF-β1, TGF-β3) in the kidney cortex of rats aged 2, 6, 12 and 19 months (5 animals per age group); as a second aim, we compared the abundance of COL-I and III mRNAs with collagen accumulation, evaluated histologically (Masson trichrome staining) and at the biochemical level (PRO-OH determination and Western blot for COL-I and III). We also investigated wether the age-dependent collagen accumulation was a consequence of a decreased degradation by metalloproteinases (MMP-1 and MMP-2). During the lifespan considered we observed no changes in the mRNA, except that COL-I mRNA tended to be up-regulated from 2 to 19 months of age. However, progressive fibrosis was histologically detectable, also confirmed by the PRO-OH tissue levels ($p<0.0001$). This was mainly sustained by COL-I accumulation ($p<0.05$ and $p<0.01$ in 12 and 19-month-old rats vs the youngest), since COL-III seemed to be less involved. MMP-1 protein level decreased significantly in the cortex of 12 and 19 month-old rats ($p<0.05$), whereas MMP-2 protein level and activity remained essentially unchanged. These results show that during aging renal cortex fibrosis is due by COL-I accumulation as a consequence of an altered balance between its synthesis and degradation.

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THE AGING BRAIN: MATTER OVER MIND.

Marilyn Albert (Dept. of Psychology, Massachusetts General Hospital, Charlestown, MA 02129) and Marcelle Morrison-Bogorad (Neuroscience & Neuropsychology of Aging Program, National Institute on Aging).

PARTICIPANTS:

M.S. Albert (Massachusetts General Hospital). Changes in Memory with Age: Progressive? Treatable? Preventable?

J. D. Gabrieli (Stanford University). Age-Associated Changes in Memory: Perspectives from fMRI.

M. Gallagher (Johns Hopkins University). Cognitive Deficits in Aging: Changes in Circuits without Neuron Loss.

J. H. Morrison (Mount Sinai School of Medicine). Life and Death of Neurons in the Aging Brain.

C. A. Barnes (University of Arizona). The Aging Rat Hippocampus: Molecules, Maps, and Memory.

P. C. Bickford (University of Colorado). Teaching an Old Rat New Tricks: Behavioral Interventions.

Advances in understanding age-related neurodegenerative diseases are necessarily coupled to advances in understanding the basis for age-related brain and behavioral decline. Age-related changes may not involve overt loss of cells, but rather more subtle changes in cellular function in specific brain regions and systems. The speakers in this symposium will address molecular, cellular, systems, and behavioral changes that accompany aging in animals and humans. Mechanisms whereby physical changes lead to functional alterations will be addressed, as will possible approaches to maitaining brain function in later life.

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CAREGIVING AND FILIPINIO AMERICAN VALUES

B. Miranda, S.L. Barton, Veterans Affairs New Jersey Health Care System, Lyons, NJ, 07059, and M. McBride, Stanford Geriatric Education Center, Stanford University School of Medicine, Palo Alto, CA, 94304

The changes in health care delivery and the projected growth of minority elders suggest increased family care-giving responsibilities. The purpose of the study is to describe filial piety and its relationship to caregiver burden among Filipino American families. The sample consists of 66 women (age 20-60 yrs), 83% immigrants, 82% employed, 62% with college education, and 89% Catholic. The Filial Responsibility Questionaire (Superio, 1993) and the Burden Interview Scale (Zarit and Zarit, 1983) was used for the face-to-face interview. Results showed no significant relationship between filial responsibility and perceived caregiver burden ($X^2= 010$, df=1, p= 92). Beliefs about filial responsibility are similar across age groups categorized by decades. The young, middle-aged, and oldest adults agree a) it is the duty of children to care for their elders when unable to care for themselves (61%, 53%, and 55%, respectively), and b) it is disrespectful to refuse to help their elders (56%, 56%, 61%). Teaching children to care for elders (n=57, 86%), having elders live with the family (n=55, 83%), and giving support to their elders (n=48, 73%) are strong beliefs of this sample. However, the oldest group believe they should not look to children for support. These beliefs are considered key expressions of respect and filial piety towards Filipino elders. Our results combined with Superio's findings suggest health care providers include traditional caregiving beliefs and preferences of Filipino American families in the treatment and management of their elders.

NURSE PRACTITIONER MANAGED MODEL IN-HOME PRIMARY CARE PROGRAM.

J Yudin, J Jones, P Johnston, M A Forciea, R Lavizzo-Mourey Division of Geriatric Medicine, University of Pennsylvania Health System 3615 Chestnut, Philadelphia Pa 19104.

The In-Home Primary Care Program offers complete interdisciplinary care to 180 frail elderly patients in West Philadelphia. Nurse Practitioners(NPs), in collaboration with Geriatricians, serve as Primary Care Providers for these patients. In our model, a FTE NP follows 100 patients, each current program NP divides her time between home care and care in other clinical sites. We are currently operating with 1.5 NP FTE, 0.3 MD FTE, and 0.3 SW FTE.

The NP performs the initial telephone referral, and makes the first in-home visit. That first visit includes a complete history and physical examination, a thorough review of medications, and a home safety evaluation. Patients are reviewed informally with the collaborating MD within 48 hours, and are presented at the full interdisciplinary team meeting within one week. The MD sees the patient within the first month. Patients are seen every 6-8 weeks or as needed by the NP; the MD visits every 4-6 months. Using this model, the NP visits total 85/month(including 5 new patients per month). Centering our program on Nurse Practitioners has allowed us to offer a cost-effective, high quality service to our frail patients and their families.

HEALTH STATUS IN ELDERLY PERSONS LIVING ALONE

Ranieri P, MD; Franzoni S, MD; Civelli P, MD; Guerini F, MD; Trabucchi M. Geriatric Evaluation and Rehabilitation Unit, "P. Richiedei Hospital", Gussago, and Geriatric Research Group, via Romanino 1, 25121 Brescia

Background: Living alone arrangement is a common condition for elderly subjects and its risks are well described, however few studies have analyzed clinical characteristics and outcome of these patients. **Objective:** To compare the demographic, clinical, and functional characteristics, and the risk of 1-yer mortality of subjects living alone to those of subjects living with others. **Subjects:** 690 disabled patients (M=209, mean age 79.2±7.4 years) consecutively admitted to Geriatric Evaluation and Rehabilitation Unit. **Methods:** Three days after admission a multidimensional evaluation was performed including information on demographics, cognitive status (MMSE), physical health, functional disability (BADL, IADL, Tinetti scale, and PPT), and nutritional status (PNI). For the aim of the study the patients were divided into 2 groups: living alone and living with others before admission. Death rate (per 1000 p/m) was assessed over 1 year after discharge. **Results:** Patients living alone (n=239, 34.6%) were significantly older (80.0±6.7 vs 78.5±7.7 years, p=0.011), with a female preponderance (83.3%, p<0.0001). They had better cognition (MMSE: 20.5±8.8 vs 18.2±10.2) and function (IADL functions lost: 4.8±2.5 vs 5.4±2.6), and had a better nutritional status (PNI: 35.3±15.2 vs 38.7±16.1). No differences were found in number of depressive symptoms (GDS: 13.4±6.3 vs 12.8±6.4), and total number of chronic diseasess (5.1±1.6 vs 5.1±1.7). The risk of 1-year mortality for patients living alone was lower than for those living with others (RR=0.63, CI 95% 0.43-0.91). Death rates (per 1000 persons/months) were respectively .012 vs .019. **Conclusions:** Elderly subjects living alone are on average healthier than those living with others. This healthier condition is probably the necessary requirement to maintain the living alone status.

"JUST-IN-TIME" CLINICAL PRACTICE REMINDERS

M.McDonald, P. Feldman, C. Murtaugh, Center for Home Care Policy and Research, Visiting Nurse Service of New York (VNSNY), 5 Penn Plaza, New York, NY 10001
L. Pezzin (Johns Hopkins University Medical Center)

Evidence-based medicine, which is care guided by research findings usually combined with consensus recommendations by experts, is considered the gold standard in healthcare practice. While attractive in concept, the implementation of evidence-based clinical guidelines and pathways remains a challenge in many service settings. Despite evidence of their benefit in the acute care setting, the applicability, use and effectiveness of evidence-based guidelines has received minimal attention in home care. This presentation will describe the development of a research project in its' first year of a multi-year AHRQ-grant funded project. The experiences include adapting evidence-based practice guidelines developed for two highly prevalent chronic health problems - congestive heart failure and cancer pain - for home care practice. The steps include comprehensively reviewing published guidelines, developing an understanding of the strengths and limitations of home care service, convening a panel of experts, and identifying those key elements of guidelines likely to be effective. The first year experience also includes the development of an intervention to promote these evidence-based recommendations in a non-institutional healthcare setting that serves a diverse and largely elderly patient population. Two information-based strategies to be developed and tested include: (i) basic "just-in-time" e-mail reminders and (ii) augmented "just-in-time" e-mail reminders accompanied by a comprehensive nursing protocol and the support of an expert peer.

ACCESS TO ORAL HEALTH SERVICES IN LONGTERM CARE SETTINGS IN MASSACHUSETTS: NURSING HOMES AND ASSISTED LIVING

Paula K. Friedman, DDS*, W. Scott Plumb, MSW, MBA, and Yvonne K. Grady*, DDS. *Boston University School of Dental Medicine, 100 E. Newton St., Boston, MA 02118 and ** Massachusetts Extended Care Federation (MECF)**

As the numbers of elders residing in long-term care facilities increases, access to oral health services in these settings is of growing concern. Although the 1987 OBRA regulations provided for mandatory oral health screenings within 90 days of admission to LTC in licensed nursing home (NH) facilities, compliance is not well-documented. In addition, the growing numbers of assisted living (AL) facilities and continuous care retirement communities (CCRC) do not fall under OBRA requirements. This study investigated residents' access to oral health services in LTC facilities in Massachusetts. In cooperation with the MECF, a survey was mailed to all MECF member facilities (n=800) to determine if initial screenings were conducted, by whom, length of time to follow-up, if follow-up were provided on-site or off-site, and perceived barriers to accessing oral health services. 175 surveys were returned, with 94% coming from nursing homes. Responses indicated that 87% performed oral screenings, 74% of screenings were conducted by nurses, 54% of follow-up visits occurred within 6 weeks of the initial exam. Most frequently cited barriers to oral health services were money/medicaid issues, cognitive limitations, and limited access to dental providers.

African American Grandparents Parenting Grandchildren: Psychosocial and Emotional Implications

F.R. Butler, George Mason University, Fairfax, VA 22030.

Caregiving often results in adverse psychological and sociological outcomes. This study assessed the health consequences of African American Grandparents raising their grandchildren. Using a quantitative and qualitative design, data were collected on physical and mental health status, level of stress, economic problems, family support and social interaction. Employing an ethnographic approach to qualitative data analysis and combining quantitative objective measures and qualitative reports yielded richer detail and depth to the information. Data analysis suggested that grandparent caregivers often experience unfavorable psycho-social outcomes and lack access to support groups. Although there was extensive variability in the data, approximately half of the grandparents reported undesirable changes in quality of life, including problematic relationships with their own children, a decrease in social contacts and significant limitations in independence. Personal goals were sublimated and redirected toward grandchildren. Results of parental

stress measures related to parenting grandchildren were mixed. Forty-five percent of subjects scored high stress levels in the child domain. Thirty-six percent scored high stress in the parent domain and only 19 percent scored high on total stress. There are important implications for family counseling, public policy initiatives and the development of culturally relevant support programs.

FALL PREVENTION PROJECT

R.A. Newton, Department of Physical Therapy, Temple University, Philadelphia, PA, 19140

The goal of the Fall Prevention Project is to provide service, education, and research that will lead to reducing falls and their associated health care costs, thereby improving the quality of life for aging individuals. Objectives include: 1) screening balance and fall risk and giving fall prevention talks to older adults; 2) implementing educational programs for health care professionals and students related to fall prevention; 3) examining clinical balance measure to identify fall risk factors and effective fall prevention methods. Objectives are met by networking in the community to provide fall risk and balance screenings, and group talks on fall prevention; training health professionals to give talks about fall reduction; implementing an on-line course on fall prevention to health care professionals globally, and a service-learning component for health care professional students used to teach skills in fall risk and balance screening as well as an opportunity to provide service to the local community. A videotape, *Balance Testing in Older Adults*, was developed to train health care professionals to administer 3 balance assessments. A Web site, www.temple.edu/older_adult, was created to provide educational information to older adults and health care professionals. Research involves validation of clinical measures of balance (Multi-Directional Reach Test); identification of fall risk profiles in community dwelling older adults primarily from minority backgrounds, and assessment of clinical measures of balance to assess fall risk and predict assistive device usage. Linking research, practice and education is necessary to provide effective health promotion and to reduce fall risk among older adults.

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COMPLEMENTARY AND ALTERNATIVE MEDICINE USE AMONG RURAL OLDER ADULTS.

T.A. Arcury, S.A. Quandt, R.A. Bell, M.Z. Vitolins, J. McDonald, Depts of Family & Community Medicine, and Public Health Sciences, Wake Forest University School of Medicine, Winston-Salem, NC 27157.

Complementary and alternative medicine (CAM) is widely used in the U.S. The use of CAM is especially common among those with chronic conditions (e.g., arthritis, cancer) that are painful, debilitating, and often incurable. These chronic conditions increase in prevalence with age. This analysis uses data generated from in-depth and fixed-response interviews with 145 older adults (aged 70 plus) in rural North Carolina to understand prevalence and meaning in the use of CAM. Among these older adults CAM is largely limited to the use home and folk remedies, and of nutritional supplements. Respondents attribute their limited use of even these traditional remedies to their parents taking them to a physician and not teaching them other traditional remedies. There were no gender differences in folk remedy use. African and Native American elders more often used folk remedies than did European American elders, while European and Native American elders use more nutritional supplements. Care providers must be sensitive to the use of CAM among their older patients, but they should be careful not to assume that older patients are reliant on folk or traditional medicine. Supported by NIH grant AG13469.

HORMONE REPLACEMENT THERAPY (HRT) USE IS LOWER IN ELDERLY HISPANIC (H) THAN NON-HISPANIC WHITE (NHW) WOMEN.

W Gozansky, S Shetterly, J Baxter. University of Colorado Health Sciences Center, Denver, CO 80262.

Although use of HRT has been increasing, the majority of HRT is prescribed to white, middle-class women. We examined the use of HRT in a biethnic, rural, community-dwelling population of 430 H and 305 NHW women ≥60 years old in southern Colorado. Data were obtained in 1993-1995 from the San Luis Valley (SLV) Health & Aging Study baseline survey. Significantly more NHW (21%) than H (11%) women were currently using HRT ($p<0.001$). Younger age was associated with HRT use ($p<0.001$). Analyses adjusted for age and ethnicity showed significantly ($p<0.05$) higher rates of HRT use among women with incomes ≥$10,000/yr, locus of control with a low belief in chance, good/excellent self-rated health, a hysterectomy, a recent mammogram, no current smoking, and care obtained at one specific clinic site. Adjusted for age and ethnicity, factors not associated with HRT use included education, marital status, waist/hip circumference, ADL impairment, physical activity, diabetes, hypertension, CAD, and osteoporosis. Logistic regression modeling found that HRT use was significantly linked to younger age (OR=1.5/5yrs; 95%CI: 1.2-1.7), NHW ethnicity (OR=2.6; 95%CI: 1.3-5.5), recent mammography (OR=2.0; 95%CI: 1.2-3.5), hysterectomy (OR=3.9; 95%CI: 2.3-6.8), and attendance at one specific clinic site (OR=6.0; 95%CI: 3.3-11). Our data suggest that provider practice patterns strongly influence HRT use among older women. Since H women in the SLV have a higher rate of osteoporosis than NHW women but a lower rate of HRT use, addressing ethnic-specific beliefs and cultural bias in provider prescribing practices may be important to increase HRT use among H women.

ALZHEIMER'S DISEASE: FAMILY PHYSICIAN'S PERCEIVED KNOWLEDGE, AND ATTITUDES TOWARDS DIAGNOSIS AND MANAGEMENT

S.L. Smith, A. Lampland, Dept. of Family Practice & Community Health, University of Minnesota, 825 Washington Ave. S.E. Box 25, Minneapolis, MN 55414

A randomly selected group of active members of the Minnesota Academy of Family Physicians were sent a survey that asked them to make a self-assessment of attitudes and knowledge regarding management of dementia. It was expected that physicians would express a general disinterest in the management of Alzheimer's. Physician attitudes were measured on a Likert-type scale, (Strongly Disagree-1, Strongly Agree-5). Of 427 physicians surveyed, 170 (40%) responded. Respondents felt it was important to recognize and diagnose Alzheimer's disease (Mean response = 4.5) and agreed with the idea that physicians could improve function and the quality of life of the Alzheimer's patient (4.4). They did not feel as confident with their ability to discuss treatment options for Alzheimer's disease (3.6), compared to their ability to discuss treatment options for hypertension (4.6, $P<.001$).

When asked how they would manage a variety of behavioral problems related to dementing illness, Donepezil was considered as a treatment option for all of behavioral problems listed despite little supporting data in the literature. This study suggests a need to increase educational efforts for practicing physicians regarding the diagnosis and management of Alzheimer's Disease and related dementing illnesses.

HEALTH HABITS OF RURAL BI-ETHNIC ELDERLY: The San Luis Valley Health and Aging Study.

Nora E Morgenstern, Susan Shetterly, Judith Baxter. University of Colorado School of Medicine, Denver CO 80262.

We conducted an epidemiological survey of older persons in a two-county region of rural southern Colorado between 1993 and 1995. For this analysis, 1014 community-dwelling Hispanic (H) and non-Hispanic white (NHW) persons aged 65 and older (mean age 74.6 years, range 65-99) were asked about their health habits over the previous year. 57% of respondents were female and 55% Hispanic. After age adjustment, Hispanic men were less likely to get a flu vaccine ($p<0.001$), be nonsmokers ($p<0.001$), do any vigorous activity ($p<0.005$) or take multivitamins ($p=.01$) than NHW men; no significant ethnic differences among men were found for fruit/vegetable consumption, avoidance of high fat foods, or moderate BMI. After age adjustment, H women were less likely to do vigorous activity ($p<0.001$) or avoid high fat foods ($p=0.0009$) than NHW women; no significant ethnic differences among women were found for flu vaccine, smoking, multivitamins, fruit/vegetable consumption or moderate BMI. Low education and locus of control with stronger belief in chance reduced positive health behaviors in both ethnic groups for men and women. Adjustments for education, chronic diseases, number of medications, locus of control and income removed the ethnic differences in healthy behaviors for both genders, with the exception of the persistently low level of physical activity in H women ($p=0.0002$ in adjusted model). Even among the highly acculturated women, the adjusted H vs NHW OR for vigorous activity was 0.44 (95% CI 0.23, 0.84), a finding that highlights the previously described health problem of low physical activity levels in Hispanic women.

CALCIUM INTAKE IN OLDER MALES

B. Priefer, J. Nelson, Beth-El College of Nursing at the University of Colorado at Colorado Springs, Colorado Springs, CO 80933

Although 20% of individuals with osteoporosis are men, preventive measures for osteoporosis target primarily older women. Preventive measures include the recommendation of a daily minimum intake of 1200mg calcium. We performed a secondary analysis of 3-day diet records of 19 healthy older male subjects (ave. age = 78 years) who participated in a study to evaluate the effectiveness of two protective skin barriers. DietPower™ computer program was used to analyze the calcium content of consumed food. Two (11%) of the 19 subjects consumed an average daily dietary intake of 1200mg or more of calcium. Of the 17 subjects who consumed less than a daily average of 1200mg calcium, 7 (41%) consumed less than a daily average of 600mg calcium. Only 2 of the 17 subjects with less than a daily average of 1200mg calcium took an oral calcium supplement. Therefore, 15 of the 19 male subjects (79%) were deficient in daily calcium intake. Because older men are at risk for osteoporosis, providers need to assess daily calcium intake and the need for calcium supplementation in older men as well as older women.

CONSORTIUM FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR PARKINSONS (CCAMP)

S. L. Loftus, National Parkinson Foundation at Beth Israel Medical Center, New York, NY 10003

Research, practice and education on Complementary and Alternative Medicine for the chronic diseases associated with the aged population is in a primordial state. Allopathic medicine has begun to investigate these options, and the National Institute for Complementary and Alternative Medicine now exists. Policy on this vast area of health care is being defined and developed. National charitable agencies funded by the public are driven to find answers to the many questions presented by the populations they serve. The purpose of CCAMP is to protect people with PD from physical and financial harm by sharing information, assessing risks and benefits of complementary and alternative modalities for treating PD and evaluating alternative medicine research studies. The results of the CCAMP research and evaluation will be used as guidelines for choices for alternative care by the PD population and may help those with Alzheimer's and other chronic illnesses associated with age to find safe and effective complementary and alternative interventions for their long term care.

EFFECTS OF PEER EDUCATIONAL SKITS TO TEACH OLDER ADULTS SAFE MEDICATION PRACTICES

B.A. Pfeiffer

Department of Geriatric Medicine/Gerontology, Ohio University College of Osteopathic Medicine, Athens, OH 45701

Falls and functional decline related to medication misuse among the elderly are important, modifiable problems. To address this concern, a peer education program, *Senior Sense*, was conducted in rural Southeast Ohio. It involved the use of humorous skits to teach seniors the principles of safe medication use. This study was conducted to determine the effectiveness of the skits. Prior to the skits, baseline information on medication use was collected. The same questionnaire was administered at one month and at six months following the presentation. Skits were performed for eight groups, at senior centers, senior housing sites, or church clubs. Subjects comprised 107 older adults, 60% female and 31% male, with an average age of 74 years. The three top compliance problems were: remembering to take medications (34%), expense (28%), and child-proof caps (27%). These results compared baseline data to that reported at 6 months. Seniors responded "yes" to: keeping a list of all medications (69% to 72%), knowing drug side effects (75% to 84%), knowing when to avoid certain drugs, food, or alcohol (64% to 74%), checking expiration dates and discarding outdated drugs (72% to 88%), and telling all doctors all medications (86% to 94%). At one month and at six months, 48% of the participants said they had "My Medication List" with them that day. Peer skits are a fun, effective way to educate seniors.

SYPHILIS TESTING IN OLDER PEOPLE

S. RUTTER, C. GAYNOR, T. MASUD, S. PUGH
Department of Geriatric Medicine, City Hospital, Nottingham, UK

The diagnosis of late syphilis is based on positive serology and clinical assessment and the diagnosis of neurosyphilis also requires cerebrospinal fluid (CSF) examination. The aim of the present study was to assess the usefulness of syphilis testing in elderly patients. Computer records identified 2298 requests for syphilis serology in medical patients aged > 65 years at 2 teaching hospitals in Nottingham over a 2 year period. A retrospective case note analysis was performed in those with a positive result. Positive serology was found in only 24/2298 (1%) subjects. The indication for testing was neuropsychiatric in 20 cases, cardiological in 1 and unclear in 3. 15/24 (63%) of these subjects were from a Caribbean background. Of these 15 subjects 5 had a definite history of previous Yaws, 1 was previously treated for neurosyphilis, and 2 had CSF fluid taken (both negative for neurosyphilis). Of the 9 Caucasian (UK born) subjects 1 was previously treated for syphilis and 3 had CSF taken (all negative). 7 Caribbean subjects had unexplained positive serology, clinically thought to be due to previous unrecognised Yaws, and 5 Caucasian subjects had unexplained positive serology and CSF examination was thought not to be appropriate or was omitted for other reasons. In conclusion, syphilis serological testing seemed not to alter the management in older subjects. The present practice of routine screening for syphilis in certain medical conditions, in the UK, needs to be questioned.

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STRUCTURE AND FUNCTION: PHYSIOLOGIC AND SOCIOLOGIC CORRELATES OF PHYSICAL FUNCTION IN THE 8TH DECADE: FINDINGS FROM HEALTH ABC.

E. Simonsick, National Institute on Aging, 7201 Wisconsin Ave, Suite 3C-309, Bethesda, MD 20892.

PARTICIPANTS:

A. Newman (Univ. of Pittsburgh) Endurance Capacity: Relationship to Clinical and Sub-clinical Disease in Older Adults.

R. Rooks (National Institute on Aging) Variation in Walking Ability by Race and Socioeconomic Factors.

E. Simonsick (National Institute on Aging) Psychosocial and Behavioral Correlates of Walking Ability in Well-Functioning 70 Year-Olds.

D. Taaffe (National Institute on Aging) Bone Mineral Density and Physical Performance.

M. Visser (Vrije University, Netherlands) Muscle Mass in Relation to Lower-extremity Performance.

DISCUSSANT:

T.B. Harris (National Institute on Aging.)

The Health, Aging, and Body Composition (Health ABC) Study, a longitudinal clinical observation study, aims to increase knowledge of transitions from vigor to frailty in old age by focusing on interrelationships among health conditions, body composition, social and behavioral factors and functional change in a biracial cohort of initially well-functioning men and women age 70-79 years. Baseline data on the 3,075 participants will be presented to illustrate the complexity of factors - sociodemographic, psychosocial, behavioral, physiologic, and disease-related - associated with functional ability. Although free of mobility difficulty, participants exhibit a broad range of capacity as assessed by an extensive battery of self-report and performance measures of lower-extremity function. This symposium will provide data on factors that distinguish functional level and thus identify potential determinants of functional decline critical for developing effective treatment and prevention strategies.

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IS TYPE 2 DIABETES IN THE ELDERLY ASSOCIATED WITH AN INCREASED RISK OF COGNITIVE IMPAIRMENT?

R.D. Lindeman, L.J. Romero, A.LaRue, C.L. Yau, D.S. Schade, K.M. Koehler, R.N. Baumgartner, P.J. Garry, Clinical Nutrition Program, University of New Mexico, Albuquerque, NM 87131

Previous studies suggest that type 2 diabetes is associated with impaired cognitive function when compared against non-diabetic controls. Methodologic problems, e.g. the potential for patient selection bias, suggest these findings need to be interpreted with caution. The purpose of this study was to compare an array of neuropsychologic tests covering many domains in a randomly sampled population of diabetics vs. participants with impaired vs. normal glucose tolerance tests. Nearly equal numbers of Hispanics and non-Hispanic white males and females were randomly selected from the Medicare rolls (age 65 and older) of Bernalillo County, NM (New Mexico Elder Health Survey) (188 diabetics, 175 with impaired glucose tolerance, 476 with normal glucose tolerance). After adjustments for ethnicity, gender, age, level of education, and presence of depression using multivariate logistic regression models and elimination of those with severe cognitive impairment, only one of 8 cognitive tests was significantly lower ($p < .05$) in diabetics compared to those with normal glucose tolerance. This was the Digits Forward test which estimates attention and immediate memory. No association was found between glycosolated hemoglobin concentrations and cognitive function in diabetics. It appears that type 2 diabetes has little to no effect on cognitive function in the elderly.

COGNITIVE ABILITIES OF ALZHEIMER'S PATIENTS: PERCEPTIONS OF BLACK AND WHITE CAREGIVERS

Robert Burns, L Nichols, J Martindale-Adams, A Lummus. Senior MED Connection, UT Memphis, Memphis, TN 38104, VA Medical Center, Memphis

Black (n=98) and white (n=147) caregivers rated their care recipients' cognitive status (memory, orientation, understanding, speech, and recognition), using a 7-item modified Pearlin et al. (1990) Cognitive Status Scale. Scores range from 7 (cannot do at all) to 35 (not at all difficult). MMSE scores were used for objective measures of cognitive ability. These measures were part of Memphis data collection for the national NIA/NINR project Resources for Enhancing Alzheimer's Caregivers' Health (REACH). There was no significant difference between the numbers and severity of problems reported by the two groups of caregivers (p=.819). However, there was a significant difference between MMSE scores with black care recipients having lower MMSE scores (p=.000). Other studies have shown that, with similar objective scores, blacks tend to over-estimate and whites tend to under-estimate physical functioning for themselves. This trend of under/over estimating functional ability may hold true for cognitive ability but education and relationship will also be examined for their effects.

HEAD CIRCUMFERENCE IS ASSOCIATED WITH EDUCATIONAL ATTAINMENT ONLY IN PERSONS AT HIGH RISK OF ALZHEIMER'S DISEASE IN LATE LIFE: FINDINGS FROM THE NUN STUDY.

J.A. Mortimer, Institute on Aging, University of South Florida, 13201 Bruce B. Downs Blvd., MDC-56, Tampa, FL 33612. D.A. Snowdon, Dept. Preventive Medicine, University of Kentucky, Lexington, KY

To determine whether Alzheimer's disease (AD) may have effects early in life, we studied the association between head circumference and attained education (bachelor's degree or higher vs. less education) in groups at high and low risk for this illness. Head circumference was measured in 294 participants in the Nun Study, who were genotyped for apolipoprotein E and evaluated annually for dementia. Participants were between 75 and 102 years of age at enrollment. Larger head circumference was associated with higher attained education in persons carrying one or more apolipo-protein E-ε4 alleles (a known risk factor for AD) (OR= 2.1, 95% CI:1.2-3.7), but not in those without ε4 alleles (OR = 1.2, 95% CI:0.9-1.5); and in individuals who became demented (OR adjusted for age = 1.9, 95%CI: 1.3-2.7), but not in those who did not become demented (OR= 0.9, 95% CI:0.6-1.2). The strongest association was seen in those who became demented and in addition carried one or more e4 alleles (OR=3.6). The results suggest that larger brain size (a correlate of larger head circumference) may compensate for deficits that limit educational attainment in early life among those persons who are likely to suffer from AD later.

CLOCK DRAWING AS A SCREEN FOR DEMENTIA IN ASIAN-AMERICANS

Valcour VG, Masaki KH, Curb JD, Blanchette PL
John A Hartford Foundation, Center of Excellence in Geriatric Medicine, University of Hawaii and Kuakini Medical Center

BACKGROUND. Attention to cultural and ethnic factors is needed when screening for dementia. The elderly population is expected to become more ethnically diverse within the next decade. Clock drawing is a known tool for dementia screening.

METHODS: 275 Asian-American individuals were evaluated for dementia by a geriatrician using the Cognitive Abilities Screening Instrument (CASI) and Benson and Cummings Criteria. Each individual completed a clock drawing task that was subsequently scored by a consensus panel consisting of two research assistants, two geriatricians, and a neurologist. Clocks were scored as normal [perfect or near perfect (hands slightly off number or unclear which hand is longer)] or abnormal.

RESULTS: 19 out of 23 individuals with dementia had abnormal clocks (82.6%) compared to 68 out of 252 individuals without dementia (27.0%)($p<0.0001$). Sensitivity and specificity of the instrument for dementia was 82.6% and 73.0%, respectively. Positive predictive value and negative predictive value were 21.8% and 97.9%, respectively.

CONCLUSION: Clock Drawing is a sensitive screening instrument for dementia in Asian-American individuals.

DIABETES MELLITUS AND COGNITIVE IMPAIRMENT IN OLDER WOMEN

V.C. Crooks, J.G. Buckwalter, D.B. Petitti,
Southern California Permanente Medical Group,
Department of Research & Evaluation,
100 S. Los Robles, Pasadena, CA 91101.

While results of studies have been mixed, diabetes mellitus (DM) is frequently cited as increasing the risk for cognitive impairment (CI). As a part of a study on CI in 3681 women 75 & older, 417 women with self-reported DM were assessed for CI using the Telephone Interview of Cognitive Status -modified (TICS). The TICS is a 12-item test that is highly correlated with the Mini Mental Status Exam. Scores below 28 are suggestive of CI. The odds ratio for CI in women with diabetes was 1.5 (95% confidence interval 1.2-1.9) confirming that the DM group is at higher risk for CI (45% vs. 35% scored less than 28). The elevated risk of CI in women with diabetes was evident whether or not they received medication for DM. The association between DM and CI was weakest among the lowest educated (no high school diploma). The odds ratios for CI were increased in all ages, but were highest in the very old (85+ OR= 3.8). Past studies have shown that vascular disease also increases CI risk. In the current study the effect on CI did not differ between those with or without other vascular diseases; i.e. hypertension, stroke and heart attack. We conclude that DM increases the risk of CI in women aged 75 and older and that this increase in risk is not fully explained by DM's association with other vascular diseases.

THE RELATIONSHIPS BETWEEN ETHNICITY, GENDER, EDUCATION, OCCUPATIONAL STATUS, AND AGE AT SYMPTOM ONSET IN ALZHEIMER'S DISEASE

T. Fritsch, M. J. McClendon, K. A. Smyth, E. Koss, A. J. Lerner, C. H. Chen, G. Petot, S. M. Debanne, & R. P. Friedland. University Alzheimer Center, 12200 Fairhill Rd., Cleveland, OH 44102.

This study used path analysis to test whether, when controlling for year of birth, ethnicity (European-American [EU], African-American [AA]) and gender affect patient age at onset of symptoms of AD directly, and/or indirectly through the mediating effects of education and occupational status. 262 cases (74 AA's), drawn from an AD Research Center, were studied. Gender, education, and occupational status did not affect age at onset directly or indirectly. Age at onset was later in AA's than in EU's ($\beta = -.88$, $p = .07$). An expanded model, which included Blessed Dementia Rating Scale (BDRS) scores as a measure of severity, and which controlled for illness duration, showed that the disease was more advanced in AA's than in EU's ($\beta = -.78$, $p = .04$). These findings fail to support the "brain reserve" hypothesis, which predicts that higher levels of education delay the onset of AD. Later age at onset in AA's was probably the result of later symptom recognition.

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DECISION-ANALYSIS FOR ABDOMINAL AORTIC ANEURYSM REPAIR IN THE VERY ELDERLY

WS Chiu[1], N Milkovich[2], M Krahn[3], T Lindsay[4], G Naglie[5], Depts of Medicine[3,5], Health Administration[2,3,5], and Surgery[4], University of Toronto, Div of Geriatrics, McGill University[1], *Montreal General Hospital MUHC, 1650 Cedar Ave, D17-178, Montreal QC, H3G 1A4, Canada*

The prevalence of abdominal aortic aneurysm (AAA) increases with advancing age. Elective surgical repair reduces AAA mortality in younger patients; optimal management in the very elderly is unclear. This decision-analysis model for physicians asks, "Is elective repair of large AAA in the very elderly beneficial for survival and quality of life?" by comparing strategies of watchful waiting (WW) and elective repair. Probabilities for complications and utilities of health states were obtained or extrapolated from published literature or expert opinion. Life expectancy was obtained from census life tables; average time to rupture was calculated from published data. The outcome, quality adjusted life expectancy (QALE) was calculated by a deconstructed approach. Health states were selected for frequency, severity, or those stated to influence a surgeon's decision to operate. Base case analysis for an 81 year old man with AAA >6 cm, 2 years to rupture, life expectancy 6.82 years, risk of elective surgical death 5% and rupture 38%, showed the elective surgery strategy strongly dominant by 1.78 QALE. Sensitivity analyses showed the life expectancy estimate sensitive at a 2.5-year threshold, and preference for WW at rupture risk <10%. Thus there does not appear to be strong rationale to refuse very elderly patients with large AAA elective surgery, except when life expectancy or rupture risk are very low.

PREDICTORS OF MORTALITY AMONG SURVEY RESPONDENTS WITH COGNITIVE IMPAIRMENT -- COMPARISON OF SELF- AND PROXY-RESPONDENTS.

Buttar, A., Blaum, C. Univ. of Michigan and VA Medical Center, Ann Arbor, MI 48109.

Little is known about predictors of mortality in older adults with cognitive impairment. We compared two groups of cognitively impaired older adults: those identifiable as cognitively impaired either by their self-responses to questions testing cognitive functioning, or by proxy report. We used secondary data analysis of waves 1 and 2 of the Assets and Health Dynamics among the Oldest Old Survey (AHEAD, total n = 8776) to study age eligible (age 70 & older), cognitively impaired respondents (n = 2578). 30% of the proxy-demented elderly died in 2 years versus 15% of the self-respondent elderly with cognitive impairment ($p<0.001$). Logistic regression analysis showed that the clinical characteristics associated with increased mortality in the proxy group were (Odds Ratio; OR, 95% CI): emphysema: 3.4 (2-6); cancer: 3.1 (2-6); diabetes: 2.1 (1.2-3.8); stroke: 1.8 (1.1-3.0); ADL dependence: 3.0 (1.6-5.0); older age: 2.0 (1.3-3.1); and low BMI: 1.8 (1.1-2.8). Gender, race and heart disease showed no significant association. The variables associated with increased mortality in self-respondent group were: low BMI: 2.1 (1.5-3.0); ADL dependence: 1.9 (1.4-2.6); older age: 1.4 (1.0-2.0). male gender: 1.5 (1.1-2.0); depression: 1.6 (1.1-2.5). Race and diseases were not significant. The lack of association of diseases with mortality in the self-respondent cognitively impaired group suggests either reporting differences or other unexplained differences between the groups that require further study.

WILL THE ICIDH-2 INCREASE KNOWLEDGE OF THE DISABLEMENT PROCESS IN OLDER PEOPLE?

C. Jagger, JM. Robine. Department of Epidemiology and Public Health, University of Leicester, 22-28 Princess Rd West, Leicester, England and INSERM, Montpellier, France

In July 1999 the long awaited revision of the 1980 International Classification of Impairments, Disabilities and Handicaps (ICIDH) became available in draft form. Now called the International Classification of Functioning and Disability (ICIDH-2), the new version concentrates on three dimensions: Body functions and structure; Activities at the individual level; Participation in society.

The original 1980 ICIDH was based on a model of the disablement process that had focussed on younger adults with disability and was thus poorly related to the gerontological models of autonomy and dependency (e.g. the Nagi scheme). It had been hoped therefore that the revision process would merge existing models, creating a classification defining the main pathways to disability.

A positive aspect of the original classification was the desire to measure health gaps, the ability-capability gap for an individual, in order to be able to inform ways in which such gaps might be reduced. We illustrate two major problems with the ICIDH-2: (1) the lack of clarity between the boundaries of the dimensions (Body functions and structure, Activities, Participation); (2) a concentration on actual ability, thus losing the concept of a health gap.

We suggest that any new disability model needs to incorporate the research on the disablement process that has taken place since 1980 and to provide a basis to increase our knowledge of the ways to improve functional independence and autonomy and therefore the quality of life of older people.

CORRELATES OF SATISFACTION WITH PRIMARY CARE PROVIDERS AMONG ELDERS LIVING IN SENIOR HOUSING.

E Marcantonio, R Jones, A Marlow, JN Morris, LA Lipsitz. Hebrew Rehabilitation Center for Aged. 1200 Centre St. Boston, MA. 02131.

To better understand the determinants of satisfaction with primary care providers (PCPs), we surveyed elders living in 2 large HUD-subsidized senior housing sites (overall response rate=69%). Demographics of the 260 respondents (mean age 82±7 years, 78% women) did not differ significantly from the non-respondents. Sixty-six percent of respondents were very satisfied with their PCP, 30% satisfied, 2% dissatisfied, and 2% very dissatisfied. Sixty-five percent had been seeing their PCP for 5 or more years, and only 11% were considering switching. Characteristics most highly correlated with overall satisfaction were: "respect for what I say," "follow-through on my care," "spends enough time with me during a visit," and "examines me thoroughly." (Pearson R's > 0.15, p<.05) Access ("easy to travel to PCP's office", "easy to get medical advice"), preventive care ("tells me about ways to stay healthy"), and shared decision-making ("involves me in decisions about my health care") had the little correlation (Pearson R's < 0.12, p=NS) with satisfaction. Overall, elders in senior housing are very satisfied with their PCPs. Traditional values such as respect, follow-through, spending time, and thoroughness were more highly correlated with satisfaction than ease of access, preventive care, and shared decision making.

MAMMOGRAPHY ACCESS AND UTILIZATION AMONG RURAL MEDICARE BENEFICIARIES

E F Ellerbeck, K K Engelman, D Hawley, R Gazaway, M C Mosier, University of Kansas Medical Center, School of Medicine, Kansas City, KS 66160

Many rural older adults in Kansas rely on mobile mammography services because they do not have immediate access to facilities. We examined mammography use rates among Medicare beneficiaries to determine if mammography was related to access to service, demographic, or geographic variables. Mammography rates for 1997-1998 were determined by retrospective Medicare Part B claims analysis for Kansas female beneficiaries between the ages of 65 and 94 (mean age=75). The overall mammography rate for the 166,175 beneficiaries was 48%. Of the beneficiaries, 29% lived in counties with permanent mammography facilities (62 of the 105 Kansas counties), while10% lived in counties where only mobile services were provided (N=32). Of those in counties with permanent facilities, 50% were screened versus 44% of those in counties with mobile services. After adjusting for covariates, multivariate logistic regression revealed that women were more likely to have a mammogram if they had a permanent facility in their county of residence (Odds Ratio (OR)=1.14, Confidence Interval (CI)=1.03,1.26, were younger (OR=1.49, 95% CI=1.52, 1.47 for each 5 year increase in age), were Caucasian (OR=1.90, CI=1.77,2.04), and lived in a more highly educated county (OR=1.17, CI=1.09, 1.26 for each 10% increase in high school graduate rates). Lower mammography rates in counties served by mobile services may be due to infrequent services. Population-based interventions may have maximal impact in those areas with no permanent mammography facility, ethnic minority presence, and lower educational status.

PSYCHOSOMATIC SYMPTOMS AND NEURASTHENIA IN WAR-TORN RURAL EL SALVADOR COMPARED WITH FINDINGS IN THE SURVIVORS OF THE CHINESE CULTURAL REVOLUTION

MA Silverman, MD Llorente, H Chung, J Axel, O Clark, L Ringenberg, U of S FL, Tampa, FL; China Town Health Clinic, NY, NY; GRECC, VAMC, Miami, FL 33125

Neurasthenia, as defined by ICD-10, consists of either fatigue or physical weakness after minimal effort, associated with other somatic symptoms, including irritability, muscle pains, dyspepsia, headaches, dizziness, insomnia, and nervousness. Neurasthenia has been well described in Chinese culture and was thought by Kleinman to be a cultural variant of Western depressive and anxiety disorders. Many survivors of the tremendous social and political upheaval after the Chinese Cultural Revolution displayed the signs of this syndrome. In March 2000 the US Army participated in a Medical Readiness Training Exercise in 3 small villages in a desolated rural war-torn area in the Chalatanango province of El Salvador. This exercise provided opportunity for a geriatrician, a member of the medical mission, to examine the medical problems of these people, 15% of whom were older than 50. The most common medical problems in the older group were arthritis, visual and hearing loss, hypertension, dyspepsia, parasitosis, and skin rash. Additional problems included Parkinsons, congestive heart failure, goiter, hyperthyroidism, and postherpetic neuralgia. Geriatric syndromes included polypharmacy and falls associated with trauma. However, of special interest were a significant number of elderly who appeared to be detached emotionally and who complained of insomnia, nervousness, and multiple psychosomatic conditions. In the US, these symptoms would be diagnosed as depressive or anxiety disorders, including posttraumatic stress disorder. Upon further investigation, most of these individuals had lost relatives and friends during the Civil War (1980-1992), and many had been displaced from their homes or had lost their possessions. Case descriptions are being prepared in order to construct a cross-cultural comparison with neurasthenia in Chinese culture.

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ENHANCING GERIATRIC NURSING CARE THROUGH PROMOTION OF NURSING RESEARCH: THE HARTFORD INSTITUTE

M. Rowe, Univ. of Florida, Gainesville, FL 32611.

PARTICIPANTS:

E. Capezuti (Univ. of Pennsylvania, Philadelphia, PA 19104) Analysis of Advanced Practice Nurse Recommendations to Reduce Siderail Use.

C. Mueller (Univ. of Minnesota, Minneapolis, MN 55455) Framework for Nurse Staffing in Long-term Care Facilities.

M. Rowe , J. Glover (University of Florida, Gainesville, FL 32611) Safe Return Program: Analysis of the Unattended Wandering in Persons with Dementia.

V. Schirm (The University of Akron, Akron, OH 44325) Caring Connections: Enhancing End of Life Care in a Retirement Community.

DISCUSSANTS:

T. Fulmer (Hartford Institute for Geriatric Nursing, New York University, New York, NY 10012)

M. Mezey (Hartford Institute for Geriatric Nursing, New York University, New York, NY 10012)

The Hartford Institute for Geriatric Nursing seeks to shape the quality of the health care that elderly

Americans receive by promoting the highest level of competency in the nurses who deliver that care. Each year, a regional call for participants is sent for applicants to the weeklong summer research week, that has been developed to help new investigators develop their proposals. Now in the 3rd year, the research week provides a forum for development of research ideas, shaped by national geriatric research faculty. In this symposium, the papers will be presented by a new cadre of Hartford scholars committed to improving care for the elderly in both community and institutional settings through research and reflect the diversity of nursing research that is being initiated. Paper topics include:

- development of the Caring Connections project in which volunteer caregivers and healthcare staff enhance end of life care planning for long-term care residents.
- examining the delivery of nursing care to improve health outcomes.
- study the problems of community-dwelling persons with dementia.
- utilization of advanced practice nurses to improve geriatric care delivered in the hospital setting.

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MEDICAL STUDENTS MEET HEALTHY ELDERS: EVALUATION OF AN EDUCATIONAL INTERVENTION

C. Alford, D Espino, T. Miles, and R. Palmer, Department of Family Practice and M. Katz, Department of Medicine, University of Texas Health Science Center, San Antonio, TX 78284-7795

An innovative geriatrics program matches first year medical students with healthy elder volunteers recruited from the community. Students visit their elders six times during the year. The goal of the program is to make the students aware of the growing need for health care for older Americans, to increase their comfort level with those aged 65 plus, and to dispel stereotypes and myths about the aged. An attitudinal assessment was administered before and after the first cohort participated in the new program. The same assessment was given to the preceding medical school class, to provide a comparative "non intervention" group. Factor analysis consistently identified four components. Students made significant improvements in "Comfort and experience with older people" and "Beliefs about physical decline in old age." No changes were found in "Interest in geriatrics research" and "Career opportunities in geriatrics."

EFFECTS OF AGE AND CONTACT ON ATTITUDES TOWARD AGING AND THE ELDERLY.

M.J. Kennedy, R.K. Montvilo, Department of Psychology, Rhode Island College, Providence,RI 02908

The present study attempted to determine whether age and/or degree of contact have an effect on attitudes toward aging and the elderly. Elementary school children and college students completed 17-item surveys designed to assess subjects' pro-elderly and anti-elderly responses. Demographic information was obtained on each of the 135 subjects. This information was used to determine level of contact which was based on a median split for each group. Results indicate that children had significantly more positive responses than college students, but that amount of contact had no significant impact. This finding indicates the importance of maintaining positive attitudes toward aging as we grow into adulthood.

THE RELATIONSHIP BETWEEN CONTACT WITH ELDERS AND AGEISM.

Tara Tollefson, Department of Community Studies, 365 Stewart Hall, 720 4th Ave. S, Saint Cloud State University, St. Cloud, MN 56301

There are at least three causes of ageism: conflict over scarce resources, perception of elders as nonprofitable in exchange, and lack of contact with elders. The strongest theory appeared to be the contact hypothesis. Therefore, it was predicted that if a respondent had close and positive contact with an elderly person he or she would be less likely to be ageist. A questionnaire was administered to 69 college students in a convenience sample from a midsized, Midwestern university. The questionnaire included Palmore's Facts on Aging Quiz as well as questions concerning the respondent's general or daily interaction with elders, their perception of media's accuracy in portraying elders, classes he or she may have had concerning elders, and the respondent's opinion of elders' value to society. The hypothesis was disproved in this study and there appears to be a positive relationship between close contact with elders and ageism. However, the perception of elders' value to society appears to have a negative relationship with ageism; exchange theory and ageism should be examined more closely. The results of this study show that ageism is a complex issue and cannot be combatted simply with increased contact. This issue needs further investigation.

Positively Aging® (*PA*) Improves Middle School Students' Images of Older People

M.J. Lichtenstein, L. Pruski, C.E. Marshall, C.L. Blalock, S. Lee, D.L. Murphy, R. Plaetke. Aging Research and Education Center, University of Texas Health Science Center, San Antonio, TX 78229-3900.

PA is a set of interdisciplinary teaching materials that uses examples from gerontology to teach grade 6-8 curricular elements. The purpose of this study was to determine if use of ***PA*** changed students' images of elders. At the beginning of the 1998-99 school year, students at two middle schools were asked to draw a typical older person. We coded these images as positive, neutral, or negative portrayals of elders. One school then used the ***PA*** materials; the other served as a control. Second drawings were obtained from the students at the end of the school year and compared to the baseline images. Response rates were 60% (***PA***) and 55% (control). The results are summarized in the table:

Middle School	*Positively Aging®*	Control
Paired Drawings	**N=782**	**N=591**
More Positive	34%	25%
Unchanged	46%	48%
More Negative	20%	27%

Using a logit model, we adjusted for gender, ethnic group, grade level, and socioeconomic status. The main effect for the difference between the two schools remained significant ($X^2 = 15.02$ [2 df], $p < 0.001$). The ***PA*** teaching materials and activities move middle school students to a more positive view of elders. (NCRR SEPA Grant #R25-RR-12369)

CREATING, OFFERING AND MAINTAINING: DOMAINS OF A SELF-REPORT SCALE TO MEASURE GENERATIVITY

Anita Liberalesso Neri
State University of Campinas
Brazil

Concern, belief and commitment toward present and future well-being of individuals, groups, society and humanity are expressions of generativity. An inner need of symbolic immortality and cultural demands give origin to this ego characteristic in adulthood and old age. The interaction among those elements produces generative actions reflected by adult roles. Personal narratives contribute to the building and expression of a sense of meaning linked to generativity, which is closely related to identity and is an indicator of maturity. We developed a 20 items self-report scale comprising three conceptual domains of generativity and eight developmental issues: creating (productivity, creativity, and personal growth); offering (knowledge, life experience and cultural transmission, personal legacy, and purpose in life), and maintaining (take care/be responsible, and positive relations with others). Internal analysis involved groups aged 55 and more, 14 to 16, 19 to 22 and 27 to 30 (N= 300). Alpha coefficients were ≥ 0.77. Comparisons showed superiority of the oldest adults. Among them, a group that had significant sociohistorical experiences scored higher than another that did not had. In all groups generativity correlated with global satisfaction with life; in oldest adults, mostly with investment in spirituality, autonomy and overall life.

KNOWLEDGE OF AND ATTITUDES TOWARD AGING AMONG NON-ELDERS: GENDER AND RACE DIFFERENCES

S. M. Cummings, N. P. Kropf, K. L. DeWeaver
University of Tennessee, College of Social Work,
1720 West End Ave., Nashville, TN 37209

Fears about aging can foster anxiety in younger cohorts and lead to negative attitudes about elders. This study examines the relationship between non-elderly subjects' (n=884, 18-55 years) knowledge of and anxieties regarding personal aging and their gender and race. Data was drawn from AARP Images of Aging survey, a national random telephone survey conducted in 1994. Women and people of color reported lower incomes and education, and less knowledge of aging than did males and Caucasians. Women and persons of color had significantly higher levels of aging related anxiety than did males and majority group members even after controlling for aging knowledge. Analysis revealed significant anxiety differences between Caucasian males and men of color but no difference among women. Women and persons of color have fewer resources, less aging knowledge and face their own aging process with significantly more anxiety than do men and majority group members. Implications for policy and public educational strategies are discussed.

EXPLORING ATTITUDES TO OWN OLD AGE VIA THE WORLD WIDE WEB

A. O'Hanlon & P. G. Coleman,
Dept. of Psychology, University of Southampton,
Highfield, Southampton, UK.

This research used the world wide web to explore people's thoughts, fears and hopes for their own old age. The paucity of research in this area is surprising given that appraisals of own old age could impact upon current health and the quality of relationships. Two groups of participants were invited to complete a questionnaire. The first group from many countries, were recruited via mainstream electronic notice boards. They completed the questionnaire online (n = 355). Given the potential for sampling biases, the second local sample (n = 48) completed a paper version of the same questionnaire. Themes were identified using the approach of 'physical sorting' (Hammersley & Atkinson 1983). Results indicate 1) that most people reported being ambivalent about their own old age, 2) that concerns centered around issues of dependency, time running out and identity, and 3) that people were generally positive about having warm relationships with others into later life and more time for social activities. Understanding the subjective appraisal of own old age is critical to bringing quality of life to increased longevity. Although having some limitations, the world wide web offers exciting new opportunities for researchers in the social sciences.

THE GENERAL ATTITUDES TO AGEING SCALE: GETTING OLD OR GROWING OLDER?

A. O'Hanlon & P. G. Coleman,
Dept. of Psychology, University of Southampton,
Highfield, Southampton, UK.

The General Attitudes to Ageing Scale measures the degree of favourability/threat associated with own prospective old age. The current research aimed to examine further the psychometric properties of this newly developed scale. Community living adults of all ages completed the questionnaire in their own homes (n = 595). Other measures included the Anxiety about Ageing Questionnaire (Lasher & Faulkender, 1992), the Ageing Opinion Survey (Kafer et al, 1980), the Facts on Aging Quiz (Palmore, 1977) and measures of current health. Results indicate that the General Attitudes to Ageing Scale does have good internal consistency (alphas .81 - .86), and good test-retest reliability and external validity. The scale also has five factors explaining over 60% of the variance in scores. The General Attitudes to Ageing Scale is a promising measure of general attitudes to own prospective old age. Much more research in this area is needed however if researchers are to bring quality of life and health to increased longevity.

PERCEPTIONS OF OLDER PERSONS AS PORTRAYED IN CHILDREN'S STORYBOOKS

J. L. Cripps, J. W. Scherz, Wichita State University, 1845 Fairmount, Wichita KS 67260-0075

Research has shown that children develop their perceptions of the elderly early in life. By eight years old a child has developed concepts and attitudes about old age. One factor that influences these attitudes is the media, including children's literature. The purpose of this study was to explore the way elderly persons are portrayed in children's picture books as well as to look at different perceptions of the illustrations based on the age of the participant. Participants in five age groups from preschool to elderly were asked to rate twenty-five pictures from books spanning four decades. Pictures were rated on a Likert scale using ten semantic differentials. Participants were also asked to estimate the age of the character in the illustration. The results of the semantic differentials were evaluated in a number of ways. The ratings of individual pictures were compared by the age group rating them to determine if the perceptions of the elderly remained constant over the lifespan. The rating of the individual illustrations were evaluated to see if the overall perception of the elderly person portrayed was positive or negative. This was done within age groups as well as across age groups. Results were also analyzed by the four different decades to see if there was a change in the portrayal of the elderly in illustrations over time. Results lead to implications for education of all age groups about their perceptions of the elderly and awareness of how those perceptions are formed.

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CHINESE YOUNG, MIDDLE-AGED, AND OLDER ADULTS' TRAIT DESCRIPTIONS OF OLDER ADULTS

Y. B. Zhang and M. L. Hummert, Communication Studies Dept., 3090 Wescoe Hall, University of Kansas, Lawrence, KS 66045.

Following procedures by Hummert, Garstka, Shaner, and Strahm (1994) and Schmidt and Boland (1986), this study examined trait descriptions of older adults elicited from 40 Chinese young adults (M age = 19.6), 40 middle-aged (M = 36.8), and 40 older adults (M = 64.7). Traits were coded as synonyms of traits (n = 88) from the prior research or new traits (n = 23). The total number of descriptors reported by each participant was also computed. Results showed that the young participants generated significantly more traits than did the middle-aged and the older participants. Although 91% of Hummert et al. (1994) traits were listed by the Chinese participants, 23 new traits uniquely related to the Chinese culture were emerged. Results are discussed in relation to prior research within Western cultures, the nature of positive versus negative stereotypes within the Chinese culture, and cross-cultural research on age stereotypes.

SELF-PERCEPTIONS OF QUALITY OF LIFE AND AGING.

K. A. Neukam, J. M. Jacobs, & D. A. Hershey, Dept. of Psychology, Oklahoma State University, Stillwater, OK 74078.

Previous studies have found that individuals generally perceive the quality of their lives (QOL) to be above average. The purpose of this study was to explore self-perceptions of QOL, and the factors that influence those perceptions. Participants from a national sample (N = 1994; ages 18-92) were asked to rate their current quality of life, and indicate the likelihood that they will (or have) experience certain future negative events (e.g., becoming senile, serious illness, poverty, loneliness). Analyses reveal that individuals perceive themselves as having a high quality of life, however, ratings were contingent upon certain demographic variables including income, health, education, race. Interestingly, a perceptual bias was identified in which younger respondents (ages 18-59) perceived the occurrence of future negative life events to be greater than the events actually experienced by older individuals (ages 60-92). This bias suggests that individuals' perceptions need to be taken into account when attempting to understand individuals' view of aging.

DIFFERENTIATING TWO PATTERNS OF SUBJECTIVE AGE PHYSICALLY VS MENTALLY FEEL AGE

G. Youn, E.H. Seo
Department of Psychology, Chonnam National University, Yongbong, Kwangju 500-757, KOREA

Subjective age (SA) is generally considered to be more accurate reflection of how young or old a person is than chronological age (CA). The SA has been understood as a single concept in most studies so far. The main purpose of the present study was to explore if the SA could be distinguished into two different dimensions: physical and mental SA. In addition, the relations of each SA with both health concerns and life satisfaction were compared. The question items were given to 405 males who aged from 15 to 80 years. Paired samples t-tests revealed that physical SA was significantly different from mental SA. Also, the discrepancies between CA and mental SA were bigger than those between CA and physical SA. Regression analyses also showed that physical SA was older than CA until 25 years of age and mental SA was until 35, whereas both were younger than CA during the rest of life. Physical SA has no relations with either life satisfaction or health concerns, but mental SA showed significant relations only with health concerns. These results suggest that SA can be divided into two different dimensions, physical and mental SA, and the latter can predict health concerns.

CONCEPTUALIZATIONS OF YOUNG, MIDDLE-AGED AND OLDER ADULTS: A TEST OF THE IN GROUP-OUT GROUP HYPOTHESIS

K. Curtiss and B. Hayslip, Dept. of Psychology, University of North Texas, Denton, TX 76203

One-hundred fifty-three adults aged 18-74 completed a series of card sorts utilizing adjectives from the Adjective Check List exploring whether individuals would conceptualize both themselves and their age peers in a more complex manner than they would non-age peers (Linville, 1982). Results suggested partial support from this hypothesis. MANOVAs indicated that persons aged 18-35 as well as those aged 65 and over described themselves as well as those persons in their respective age groups in a more complex manner. In contrast, persons aged 40-60 created the most complex conceptualizations of older adults. Additionally, persons who were more anxious about and who were less knowledgeable about aging, as well as those who reported more social distance from aged adults described older persons in a less complex manner. These findings, especially for younger and older adults, implicate an age-graded experiential basis for the formation of generalized stereotypical views of aging, borne of a lack of differential contact with non-age peers.

THE GOOD, THE BAD, AND THE UGLY REVISITED: HOW OLDER ADULTS, COMPARED TO YOUNG ADULTS AND CHILDREN, FEEL ABOUT OLD AGE

C.S. Slotterback, Department of Psychology, University of Scranton, Scranton, PA 18510-4596

Previous research has reported that children have a variety of images of and attitudes toward old age, as do young adults. How accurate are these images? When older adults are asked the same questions, how closely will their attitudes correspond to the attitudes held by the other age groups? 438 children ($\underline{M}_{age}$=10.42), 60 young adults ($\underline{M}_{age}$=18.70), and 24 older adults ($\underline{M}_{age}$=82.25) participated in the current study. Results indicate that when thinking of the worst things about being older, young and older adults listed more items overall than did children, but older adults and children did not differ when individual categories of "worst" things were examined (i.e., personality/family/relational, cognitive, physical). However, when asked to think of best things about being older, a different pattern emerged. Young and older adults listed more things overall than children for the "best" things about being older, but older adults had more to say about positive physical aspects than did either children or young adults. Young adults also listed more positive cognitive aspects than either older adults or children. No gender effects were evident.

THE ACTIVATION OF AGING STEREOTYPES IN YOUNGER AND OLDER ADULTS

A.L. Chasteen[1], D.C. Park[2], N. Schwarz[2]
[1]Department of Psychology, University of Toronto, Toronto, ON M5S 3G3, Canada
[2]Department of Psychology, University of Michigan, Ann Arbor, MI 48109

Previous studies of the activation of aging stereotypes have shown that young adults associate positive traits with the concept 'young' and negative traits with the concept 'old'. These studies, however, used only young adults and did not use trait terms that have been shown to be stereotypical of either young or older adults. The purpose of the present study was to determine whether older adults would make the same trait associations as young adults, or whether they have more positive associations for the concept 'old'. A word/nonword task was used to assess tne speed with which younger and older adults associate stereotypical and nonstereotypical trait terms with the concepts 'young' and 'old'. Unlike in previous research, both younger and older adults associated positive traits with the concept 'old' and showed no difference in activation for negative traits. These results suggest that younger and older people share a similar view of the elderly, which is generally positive.

CORRELATES OF EXPECTATIONS REGARDING AGING IN OLDER ADULTS

CA Sarkisian, RD Hays, CM Mangione, UCLA Department of Medicine, Los Angeles, CA 90095

Previous research has shown that adults who attribute age-associated problems to "old age" are less likely to seek health care, but little is known about the possible role of expectations regarding aging. We set out to measure expectations regarding aging among older adults, and to examine whether these expectations are related to age, medical comorbidity, functional status, and beliefs regarding health care seeking for age-associated problems.

We used focus groups and cognitive interviews to help draft a survey to assess expectations regarding aging, and then administered it in a field test with 60 participants from a senior center. Empirical analyses of the field test resulted in a revised 56-item survey. We mailed this survey to a random sample of 550 cognitively intact English-speaking patients aged 65 and older cared for by UCLA physicians. Participants also reported on their chronic medical conditions, their ability to perform ADLs and IADLs, and their beliefs regarding care seeking for age-associated problems. Bivariate comparisons were made using t-statistics.

Surveys were returned by 73% of eligible participants. Having lower expectations regarding aging was associated significantly ($p<.05$ for all) with older age, more medical comorbidity, poorer functional status, and believing that age-associated problems do not require medical attention. Further research is needed to determine whether older adults with low expectations regarding aging are utilizing a successful coping mechanism in the face of irreversible poor health, or are missing out on potentially beneficial medical treatments.

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TRAUMATIC GRIEF: AN EXAMINATION OF THE ROLE OF EMOTION DYSREGULATION ON SYMPTOM DEVELOPMENT

Nancy L. Zucker*, Jennifer Q. Morse, Christine M. Vitt, Thomas R. Lynch
*Nancy Zucker, Dept. of Psychiatry and Behavioral Sciences, Box 3362, Duke University, Durham, NC 27710, (919) 684-6713, nzucker@acpub.duke.edu

The death of a loved one causes distress for many individuals. However, for some, this experience causes severe impairment in daily functioning concomitant with extreme difficulty achieving psychological recovery from the loss. The spectrum of symptoms that comprise this event denote a diagnostic classification currently under investigation, traumatic grief. This study aimed to validate and to expand upon a theoretical model proposed by Prigerson et al. (1997) to explicate the development of this syndrome. The present model examined the relationship between social modeling of intense emotional expression, emotion dysregulation, and attachment disturbances on the development of symptoms of traumatic grief. Forty-seven geriatric patients were administered self-report measures of emotional avoidance, thought suppression, affect intensity, sociotropy, and traumatic grief. In addition, interviews were conducted to assess contextual variables such as history of family psychopathology. The model was tested using covariance structural modeling techniques. Predictions from the model were examined and suggestions for prevention and treatment interventions are described.

ADJUSTMENT TO WIDOWHOOD: A DYNAMICAL SYSTEMS APPROACH TO EMOTION REGULATION

Toni L. Bisconti & C. S. Bergeman
Department of Psychology, University of Notre Dame, Notre Dame, IN 46556

The goal of the present study is two-fold: to examine the initial process of emotional regulation after conjugal loss and to identify resilience resources that comprise the social support process that may contribute importantly to more optimal outcomes to the bereavement process. The pattern and predictors of emotional lability following spousal loss have been examined from a dynamical systems perspective. More specifically, it is speculated that in normal older adults, the day-to-day change in a person's mood has a point attractor and an equilibrium point that is between emotionally stable and unstable. A stressful life event, like the death of a spouse, will perturb the emotional regulation of the individual away from equilibrium, contributing to emotional vacillation. Over a period of time, however, the individual will move back to equilibrium and a dynamical model will produce a prediction about the attractor state that will best fit the data. Participants included 15 widows who were contacted 3 weeks after their loss. Each individual was asked to fill out questionnaires on social support, perceived control, and social coping. Additionally, they filled out a daily assessment of well-being for 90 days. Preliminary findings indicate that subjects show predictable variability across the 90-day period and exhibit a positive trend (i.e., subject's overall well-being improves); however, the overall mean level and the amplitude (variation in the fluctuations from high to low) differs between subjects. Additionally, it was shown that individuals who showed more fluctuation tended to have smaller support networks and less perceived control; whereas those with less lability seemed to have more satisfaction with their network. In examining the process by which a widow reorganizes her emotions after the loss of a spouse, we can pave the way to understanding the underlying mechanisms by which individuals successfully adapt to widowhood.

GENDER DIFFERENCES IN EMOTIONAL PROCESSING AMONG BEREAVED OLDER ADULTS

P. Guinther, D.L. Segal, & J.A. Bogaards, Department of Psychology, U of Colorado at Colorado Springs, Colorado Springs, CO 80933-7150

Purpose of study was to investigate gender differences in an emotional disclosure intervention for bereaved older adults. The sample was made up of 36 Caucasian individuals (13 males, 23 females), ranging in age from 51 to 88 years (M = 69), who participated in an emotional expression intervention according to the Pennebaker (1985) paradigm. Participants verbally disclosed their thoughts and feelings about loss of their spouse in four 20-minute sessions. Assessments were conducted at pretreatment, posttreatment, and one month follow-up. Process measures were collected pre/post of each disclosure session. Results showed similar therapeutic benefits for males and females over 3 time periods, but process measures indicated that males experienced greater upsurges in negative feelings from pre to post session. Also, females showed decreases in negative feelings across disclosure sessions whereas males remained negative. Correlational analyses indicated differential mechanism of improvement among males and females. For females, higher levels of negative affect and greater decreases in negative thoughts were associated with therapeutic changes. For males, the mechanisms of change were less clear. This study suggests that verbal expression is well suited to help bereaved elderly people. The technique is cost effective, private, and easy to administer or initiate. Despite differences in the way widowers and widows experience the process of expression, both can expect to equally benefit from this form of treatment.

A GROWTH-CURVE ANALYSIS OF DEPRESSION DURING EARLY WIDOWHOOD

D. Morgan, J. Newsom, & M. Nishishiba, Institute on Aging, Portland State University, Portland OR

This paper presents data from survey interviews with three cohorts of widows at three points in time, using a "cohort sequential" or "accelerated" design. The study followed one cohort through their first year of widowhood, another cohort through their second year, and the final cohort through their third year of widowhood. Taken together, these subsamples yield a composite picture of changes in depression during the first three years of widowhood.

These analyses used growth-curve models to compare the rates of change in depression, as measured by the CES-D, for the three cohorts. Each cohort showed a significant decline in depression, and the rate of decline was steepest for the first year of widowhood, intermediate for the second year, and shallowest for those in the year of widowhood. The three cohorts together thus produced a curvilinear rate of decline in depression that slowed over time.

Additional analyses examined how positive and negative exchanges in social networks affected depression. Neither positive nor negative exchanges had an effect on the slopes of the growth curves, but negative social exchanges did predict higher intercepts (i.e., baseline levels of depression). Thus, social exchanges did not affect the rate at which depression declined, but widows who reported more negative exchanges had consistently higher levels of depression.

PREDICTORS OF GRIEF AND DEPRESSION IN BEREAVED FORMER HOSPICE CAREGIVERS

M.R. Finley, W.E. Haley, B. Han, M. Whitten, R. Schonwetter
Department of Gerontology, Department of Medicine, University of South Florida, Tampa, FL 33620

While psychological distress and feelings of grief are expected in bereaved individuals, there is little information currently available quantifying the degree of psychological distress experienced by former hospice caregivers after the death of the patient, or predicting individuals at risk for distress.

In the current project, 50 spouses of hospice patients with either lung cancer or dementia were assessed both while caregiving and at an average of 4 months after bereavement. Results indicate that these former caregivers showed worsening depression, with 74% reporting clinically significant depressive symptoms. However, compared with baseline data, bereaved caregivers showed improved levels of social activities over time. Fewer months of caregiving and lower levels of social activities, visits, social networks, and social supports, both while caregiving and at the follow-up, predicted higher post-death depression and grief.

Results suggest risk factors for psychological distress after bereavement that can be targeted by hospice programs.

SOCIAL SUPPORT AND ACUTE GRIEF IN OLDER WIDOWS AND WIDOWERS.

M.L. Rothemich, L.M.Luttinger, K. Rossetti, P. Brown, and A.M. Futterman, Department of Psychology, College of the Holy Cross, Worcester, MA 01610.

In keeping with previous research, widows and widowers who receive more practical help, have more positive ties, have someone with whom to share private feelings, and who report fewer changes in social network structure are hypothesized to more quickly accept the loss of a spouse, to stop dwelling on their loss, and to report less loss-related distress. Using data derived from the USC/Stanford Bereavement Study (L.W. Thompson & D. Gallagher-Thompson, P.I.'s), we examined the impact of social support on grief intensity as measured by the Texas Inventory of Grief-Revised (Faschingbauer, 1982) over a 30-month bereavement course in a sample of 212 widows and widowers. As anticipated, greater availability and use of practical help was associated with diminished distress and less preoccupation with the loss, but not with greater acceptance of loss. Similarly, the presence and use of a confidante by widows and widowers was related to diminished loss-related distress and less preoccupation, but not with greater acceptance. These findings suggest that at least in the period soon after loss, social support effects on grief appear more directly related to encouraging survivors to "work through" their loss experientially than to reach some sort of ultimate acceptance.

PERSONAL MEANINGS OF DEATH AMONG YOUNG ADULTS AND OLDER ADULTS.

V.G. Cicirelli, Dept. of Psychological Sciences, Purdue University, West Lafayette, IN 47907-1364.

Finding personal meanings in objective death stems from various theoretical orientations. Age differences in such meanings have been noted from late childhood to early adulthood, but have not been studied in older adults, for whom death is less remote. Groups of 81 young adults (aged 19-55) and 50 elders (aged 70-97) were assessed on the Personal Meanings of Death Scale. Factor analysis (Cicirelli, 1998) identified four general meanings of death: Death as Legacy, as Afterlife, as Extinction, and as Motivator. The two age groups were compared on the four death meanings, using ANOVA. Analysis indicated that the young scored higher ($p < .05$) than older adults on death as Extinction and death as Motivator, with a tendency for older adults to score higher on death as Afterlife. Death meanings were related to relevant subscales on the Multivariate Fear of Death Scale, as well as to certain background variables.. Findings imply that viewing death as extinction emphasizes present life and viewing death as a motivator spurs the attainment of goals within one's present life.

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"A LITTLE SAD. A LOT STRONGER": THE IMPACT OF WEB MEMORIALIZATION ON BEREAVED PARENTS AND OTHERS

P.Roberts, J.Bruce, L.Izarraraz & R.Soni. Human Development Program, California State University, Long Beach, CA 90840

This paper examines the effects of creating, visiting and sharing web memorials to the dead. Individuals who had linked web memorials to a web ring for bereaved parents were asked to complete an online survey of their experiences. Responses from 75 bereaved parents and grandparents were extremely positive, with 93% indicating that creating and maintaining a web page for their child/grandchild had helped them in their bereavement. Reasons given for creating web memorials varied but included preserving the memory of their child/grandchild (93%) and sharing their experiences with others (82%). Most respondents (96%) visit their web memorial, with 74% visiting at least weekly during the first year after posting. Most respondents (95%) had told others about their web memorial and 83% had visited the memorial (sitting in front of the computer screen) with others. In addition to strengthening existing ties, the 70% who had included guestbooks on their web pages noted that they had gained new friends and support online. Data indicate that the benefits of web memorialization are not substitutions for other ritual or support. The majority of respondents (72%) lived near physical memorials to the dead and most (87%) felt that they had been well supported in their grief.

THE COMPANY OF THE DEAD IN VERY OLD AGE

Results of the Swiss Interdisciplinary Longitudinal Study on the Old-Old (SWILSO-O)

C.Lalive d'Epinay, S. Cavalli, C. Maystre
Center for Interdisciplinary Gerontology (CIG), University of Geneva, CH-1226 Geneva-Thônex, Switzerland

The longer a person lives, the more he or she becomes a survivor, i.e. a person who has to cope with the loss of close relatives and friends. Paradoxically, among the abundant literature on death and bereavement, there is little on the oldest old.

In the first part of this paper, taking a sample of elders aged 80 to 84 at the baseline, we examine a) the composition of close relatives dead (spouse, siblings, children) before the start of the study, and b) the loss of close relatives and close friends during a lapse of three and a half years. In the second part, we analyze the impact of recent loss on social interactions, functional health and well-being. Material is drawn from SWILSO-O, which was launched in 1994 and is still under way, based on a cohort of 340 randomly selected elders.

Results: a) At the start of the study, most of the respondents (86%) had experienced the loss of a close relative (parents not included); since then and during a lapse of 42 months, one out of two has grieved for a close relative (34%) or a friend (22%). b) No specific impact of the loss, either on social exchanges or on functional health and well-being, has been found among the mourning persons, when compared with the non-mourning elders. This surprising result (although similar to that obtained by Hays, Gold and Pieper, 1997) will be discussed.

"I THINK HE WENT STRAIGHT TO HEAVEN": THE PLACE OF FAITH AND CHURCH IN THE LIVES OF OLDER WIDOWS

D. K. van den Hoonaard, Gerontology Program, St. Thomas University, Fredericton, NB, E3B 5G3, Canada

This presentation will focus on what women over 50 who have been widows less than 5 years say about the importance of religion in their lives. Twenty-eight women were interviewed, using an open-ended, in-depth interview schedule that encouraged each woman to talk about what was important to her in her own way. Half of the participants live in rural and half in urban areas. The interviews averaged two hours and all were transcribed verbatim and analyzed for themes and issues. Findings indicate that women have one of four levels of involvement: 1) personal faith in God, (2) interaction with the minister or priest of one's church, 3) involvement with the "church family," 4) extensive involvement in church activities and/or organizations. Church involvement is more helpful if women were involved prior to their husbands' deaths and is especially crucial in rural areas where church organizations may provide women's only potential links to their community.

ANTICIPATION OF LOSS AND GRIEF IN OLDER WIDOWS AND WIDOWERS

L.M.Luttinger, M.L. Rothemich, K. Rossetti, and A.M. Futterman, Department of Psychology, College of the Holy Cross, Worcester, MA 01610

Aspects of anticipation of loss have been associated with better mental and physical health outcomes following spousal loss in some studies (Gilliland & Fleming, 1998) but not others (Stroebe & Stroebe, 1991). Using data derived from the USC/Stanford Bereavement Study (L.W. Thompson & D. Gallagher-Thompson, P.I.'s), we examined the effects of various aspects of loss anticipation on intensity of grief over a 30-month bereavement course in a sample of 212 widows and widowers. Effects of duration of illness, discussion of the future with the lost spouse prior to their death, and the presence of hospice care on three aspects of grief were examined – thoughts of the lost person, acceptance of loss, and bereavement-related distress (as measured by Texas Inventory of Grief-Revised. Expecting the loss was predictive of significantly greater acceptance of the loss. Although a small percentage (10%) of the widows and widowers actually spoke with their spouses about the future, these individuals experienced significantly less distress, less preoccupation with loss, and greater acceptance of loss over the bereavement course. In sum, it appears that some aspects of grief anticipation may facilitate grieving, while others may not (e.g., duration of illness).

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THE EFFECT OF AGEISM ON HIV/AIDS PROGRAMMING FOR OLDER ADULTS.

A.P. Rae, Law, Policy, & Society Program, Northeastern Univ., 36 Gage St., Needham, MA 02492.

As the incidence of AIDS continues to increase in the over 50 population, prevention programs are imperative. This study focused on whether ageist attitudes influenced HIV/AIDS education programming choices by Council on Aging directors in Massachusetts. A survey provided information on perceptions of older adults, knowledge regarding HIV/AIDS and older adults, and contact with HIV/AIDS. Data analysis employed a factor analysis to reduce Likert Scale attitudinal statements to three factors. The factors comprised both positive and negative perceptions of older adults' behaviors and negative perceptions of the sexually disengaged older adult. Further, logit models revealed that ageist attitudes alone are insufficient to accurately predict whether a COA director would schedule an HIV/AIDS education program. Findings indicate that the effect of biased attitudes on the willingness to schedule programming varies by demographic subgroup.

IMPACT OF ALZHEIMER'S DISEASE AND MAJOR DEPRESSION DIAGNOSES ON THE EMOTIONS, ATTRIBUTIONS, AND HELPING INTENTIONS OF FAMILY MEMBERS

V.G. Wadley, W.E. Haley, University of Alabama at Birmingham, Department of Psychology and Center for Research in Applied Gerontology, 201 Campbell Hall, 1530 3rd Avenue South, Birmingham, AL 35294-1170; University of South Florida, Department of Gerontology, SOC 107, Tampa FL 33620-8100.

Labeling theory would suggest that applying disease labels to behavior may serve to medicalize deviance and produce stigma. In contrast, attribution theory suggests that this practice may evoke sympathetic responses. Two hundred twenty-one female undergraduates read vignettes describing an older parent exhibiting inappropriate behavior in a social situation, with diagnostic label (Alzheimer's Disease, Major Depression, no label), personal congruence of the behavior (congruent, incongruent, no information), and parent gender manipulated across participants. Participants then rated their emotional responses, attributions, and willingness to help.

The Alzheimer's Disease label, and to a lesser extent the Major Depression label, produced significantly more sympathy toward the parent, less blame, and greater willingness to help, indicating that the provision of these diagnoses may facilitate compassionate attitudes and enhanced caregiving toward older adults. However, participants reported greater anger and higher personality attributions toward fathers than mothers, suggesting that the influence of parent gender on potential caregivers' reactions warrants further attention.

AGEISM IN THE MEDIA: THE PREVALENCE AND MEANINGS OF "SENIOR MOMENTS"

J.L. Shaner, E.O. Burgess, Departments of Communication and Sociology, Georgia State University, University Plaza, Atlanta, GA 30303.

Despite protests from gerontologists, the media and the public consistently use catch phrases such as "senility" or "Alzheimer's" as generic terms to describe forgetfulness. These terms associate aging with illness/dementia, thus perpetuating negative stereotypes of older adults. This research identifies the prevalence and use of a new term, "senior moment" in newspapers over the past five years. A search on Lexis-Nexus revealed 48 newspaper articles using this term; a content analysis of these articles examined information about the phrase "senior moment," the newspaper, and user of the term. First appearing in 1997, "senior moment" becomes more common in 1998 and 1999. Both males and females use this term, and it most often refers to forgetfulness, though the degree of forgetfulness can vary from an "itty-bitty lapse" to dementia. A detailed discussion of these results articulates how this phrase perpetuates ageism in society.

OLDER CANADIANS' ATTITUDES TOWARDS MENTAL HEALTH SERVICE USE

C.S. Mackenzie, W.L. Gekoski, V.J. Knox
Department of Psychology, Queen's University, Kingston Ontario, Canada, K7L 3N6

Older adults receive disproportionately fewer mental health services than younger adults. An explanation often referred to in the literature is that older adults have more negative attitudes towards mental health services and attach a greater degree of stigma to these services than younger adults. Very little empirical research has tested this hypothesis. Fischer and Turner's (1970) attitudes towards seeking professional psychological help scale was revised and completed by 207 adults ranging in age from 15 to 89 ($\bar{x}$ = 46, SD = 18). Results indicated that older adults had significantly more positive attitudes than younger adults on two of three factor subscales: Openness to psychological treatment and perceived stigma concerning helpseeking. Age was not associated with privacy regarding psychological issues. Women exhibited more positive attitudes than men on all three factor subscales. Results suggest that older adults' attitudes are not responsible for their disproportionately low rates of mental health service use.

BELIEFS ABOUT PSYCHOTHERAPY FOR OLDER ADULTS

R.R. Martin, Department of Psychology, West Virginia University, Morgantown, WV 26506

Younger (n=44), middle-aged (n=36) and older (n=36) adults were asked to describe their beliefs about psychotherapy for adults of all ages, via a questionnaire. Participants were asked for their beliefs about: (1) the likelihood of adults of different ages pursuing psychotherapy; (2) how beneficial psychotherapy would be for adults of different ages; and (3) the reasons as to why older adults might be discouraged from pursuing psychotherapy. Results revealed that participants, regardless of gender or age group, believed that older adults are significantly less likely than middle-aged or younger adults, to seek out and undergo psychotherapy. Results also indicated that participants believed that psychotherapy is of higher-than-average benefit for adults in their 20's, 30's, and 40's, but becomes less beneficial past the age of 50. Further, participants believed that practical, fear-based, and socio-cultural reasons are the principle deterrents in discouraging older adults from pursuing psychotherapy. Implications for public policy and education will be discussed.

A COMPARISON OF OLDER ARKANSANS' TYPE OF RESIDENCE AND ATTITUDES TOWARD FUNDING FOR PUBLIC EDUCATION

M. Sizer, M. W. Brosi, W. A. Brosi & M. J. Turner, School of Human Environmental Sciences, University of Arkansas, HOEC 118, Fayetteville, AR 72701-1201

The purpose of this research was to examine variations in attitudes between older adults living in communities designated for older/retired adults and older adults not living in planned retirement communities. This study was completed in 1999 and included 1,583 residents, over the age of 55, living in eight aging communities throughout Arkansas. Four of the communities were designated as planned retirement communities whereas the other four were identified as naturally occurring and aging-in-place areas. The comparison groups for this study were determined by asking participants if they lived in "a place designated for older adults/retirees" (yes, N=502; no, N=917).

Results revealed that adults living in a village/facility designated for older adults/retirees (N=502) viewed the condition of local education to be significantly better (p=.019) than did their counterparts who were not living in an organized retirement village/facility. These residents were also significantly more likely to believe that increased funding for education would not only increase the quality of education, but would improve the economy and standard of living as well (p≤.033). Results of this study may contribute to a better understanding of older adults attitudes toward public education as they relate to lifestyle status. They will also inform the debate relative to the impact of older adults on the well being of their communities.

FEAR OF VICTIMIZATION BY CRIME: THE CASE OF A MIDWESTERN COUNTY.

Fulks, S., Shields, G., Fallon, F., King, W., & Beaumont, N. College of Health and Human Services, Bowling Green State University, Bowling Green, OH 43403.

Fear of becoming a victim of crime affects people of all ages, especially older Americans. This research explores how safe older individuals feel in their home and neighborhood.

Data were collected utilizing a random sample of 850 persons (response rate of 35%, n=301 persons) aged 60 and older in a Midwestern county. Mean age was 72 years old, (5%) 85 years of age or older; (age range was 61 to 91). Males constitute 58% of the survey.

Data regarding perceived safety and crime victimization were generally consistent with national data. 71% of the respondents perceived their neighborhood to be very safe; 29% indicated they felt either somewhat or not safe. Concerning victimization, 96% of the respondents indicated they had not been victimized within the past five years. When asked about victimization and telephone fraud, just over one-third (37%) indicated they had been victimized.

Perceptions of vulnerability indicate a fear of victimization which is not born out by the experiences of the respondents. Suggestions for interventions and education programs addressing the concerns of the population are presented.

EVALUATION OF THE HISTORICAL TRENDS IN RESEARCH AND POLICY IMPLEMENTATION ON THE NUTRITIONAL STATUS OF THE ELDERLY

T. Armstrong, Max Planck Institute for Demographic Research, Doberanerstr. 114, 18057 Rostock, Germany.
I. Borowy, Historical Institute, University of Rostock.

Over the years a large body of evidence from epidemiological, clinical and laboratory-based studies have established the role of nutrition in health and longevity particular in the later life phase. International organizations have increasingly played a substantial role in encouraging researchers, policy makers, and media to target the elderly as a marginalized group. As a result, several major cross-country comparison studies were implemented (by The Health Organization of the League of Nations, World Health Organization, Euro-Nut etc.) serving as the foundation of many policy recommendations. These trends correspond to the changing demographic patterns as well as the political and economic status of the aging population in various regions. This impression is reinforced when tested in connection to nutrition-related illnesses, disabilities, and mortality. Here, we argue that the quantity of research and funding is correlated to the status of the elderly. Furthermore, we conclude that the link between research and policy is driven more by the status of the aging populations rather than by their real nutritional and health needs.

TRENDS AND DIFFERENTIALS IN SOCIAL ENGAGEMENT AMONG OLDER ADULTS

J.R. Kahn, S.M. Bianchi, K.B. Johnson, Department of Sociology, University of Maryland, College Park, MD 20742.

Recent studies have demonstrated notable declines in both mortality and morbidity among older Americans. While improvements in health and functioning are important aspects of successful aging, studies have also emphasized the importance of continued social engagement for the well-being of older adults. Of particular interest is whether elders, as they have become healthier on average, also engage more frequently in social and physical activities. This paper uses unique national time diary data to examine trends in social engagement among elders (ages 65+) between 1975 and 1998.

The time-use data, which come from the 1975 American's Use of Time Study (n=401) and the 1998 Family Time Use Study (n=178), allow us to study changes in activity patterns during a typical 24 hour day. We focus on time spent in social activities (e.g., visiting friends, attending events or religious practices) and physical activities (exercise, sports), as opposed to passive, sedentary activities such watching TV. We also distinguish the presence of social partners as well as the location of activities (either at home or away), noting differences in patterns by age, gender and marital status. Preliminary findings suggest that older Americans are indeed more engaged in social and physical activities, though they also spend more time watching TV.

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CHINESE AMERICAN BELIEFS AND PRACTICES RELATED TO DEATH, DYING AND BEREAVEMENT.

Alice Yick & Rashmi Gupta, Private Practice 3009 Glenwood CT, Bedford, TX 76021.

Death is an inevitable part of life. Service providers in hospitals, nursing homes and hospice care are faced with the issues of counseling the bereaved families at the death of the loved one. Although there is a large amount of literature on bereavement among the majority population, the studies related to social and cultural practices, beliefs and rituals in minorities such as the Chinese Americans is lacking.

The purpose of this study was to describe the Chinese beliefs, rituals and practices related to death, dying and bereavement. In this study 30 subjects between (25-88 years) were interviewed using three focus groups. The focus groups consisted of Chinese students (n=10), Chinese pastors (n=10) and Chinese service providers. The data was audiotaped, transcribed and qualitative analysis was conducted. Results showed five themes. These themes were related to rituals and beliefs related to death, dying, bereavement and attitudes related to organ donation are discussed. Implications of this research related to practice, policy and education are discussed.

ETHNIC VARIATION IN END-OF-LIFE PRACTICES: FINDINGS FROM A RANDOM-SAMPLE SURVEY

K.L. Braun, Center on Aging, University of Hawaii, Honolulu 96822; A.T. Onaka; B.Y. Horiuchi, Department of Health, Honolulu 96813

While prevalence reports of advance directive (AD) completion among specific groups have appeared, less is known about AD completion in the general population. Polls re support for assisted death/suicide are more common, but none had been conducted in Hawaii. We added items concerning these issues to the Hawaii Behavioral Risk Factor Surveillance System in 1998, which included 2,153 residents. Overall, 29% had an AD, from 36% of Caucasian respondents to 13% of Filipino respondents. The majority (64%) believed a person had a moral right to end his/her own life when faced with an incurable illness and 63% believed doctors should be allowed by law to end a patient's life if the ill person and his/her family requested it. Again, level of support for these items varied by ethnicity. This study suggests, as have previous findings from qualitative and non-random sample surveys, that cultural values and experiences influence end-of-life practices.

A COMPARISON OF THE SOCIAL- CULTURAL CONTEXT OF BEREAVEMENT AMONG AFRICAN AMERICAN AND CAUCASIAN, MIDDLE-AGED DAUGHTERS UPON THEIR ELDERLY MOTHER'S DEATH.

S. Hines Smith, Rutgers University School of Social Work, Camden, NJ 08102.

Few studies have explored the varied ways in which social factors, racial-ethnic culture, and intrapsychic influences intertwine to produce distinctive responses to bereavement and loss. Focusing on the death of elderly mothers, this study, using qualitative and quantitative research methods, examines the bereavement context of 60 middle-aged, African American and Caucasian daughters upon their mother's death. Findings indicate that individual responses to loss can be understood in terms of the relationship between intrapsychic and socially evaluative domains. Themes of amelioration of guilt, social and cultural prescriptions for coping, and the anticipation of grief and loss emerged as significant during the data analysis process, with some differences in the meaning constructs developed by race of respondents. These findings stand to contribute to the understanding of the influence of race-ethnicity on bereavement, as well as the significance of a mother's death for daughters toward the end of the life cycle.

PHYSICIAN ATTITUDES AND PRACTICES ON END-OF-LIFE CARE

R. Kayashima; K.L. Braun, Center on Aging, John A. Burns School of Medicine, University of Hawaii, Honolulu 96822

Medical advances have allowed us to extend the dying process, as well as to extend life. Yet the literature suggests that most physicians lack training and skill in care of the dying. This study surveyed a stratified-random sample of 400 physicians in specialities most likely to treat dying patients on their practices and perceived roles, perceived barriers to good end-of-life care, preferences for continuing education delivery, and support for assisted suicide and assisted death. Overall, most reported that very few of their dying patients died under hospice. Major barriers to good care were discomfort with death, family conflict, time/resource constraints, and cultural and religious norms in the state (where >65% of the population is of Asian or Pacific Islander descent). About half supported assisted suicide/death options. Most preferred gaining new information through 1-hour educational sessions at/near work, rather than multi-hour seminars. Findings are being used to develop strategies to improve end-of-life care.

HEALTH CARE SOCIAL WORKERS' ATTITUDES TOWARD LIFE SUSTAINING TREATMENTS (LST)

P. Werner[1] and S. Carmel[2]
[1] Department of Gerontology, Faculty of Social Welfare and Health Studies, University of Haifa,
Haifa, 31905 Israel
[2] Department of Sociology of Health and Gerontology
Ben Gurion University of the Negev, Israel

The use of interdisciplinary teams for end-of-life care has been suggested as one of the best ways to deal with ethical dilemmas accompanying end-of-life decision-making. Studies have examined the attitudes of elderly persons, their families, physicians and nurses regarding LST. The aim of this study was to examine the attitudes of social workers regarding LST and the correlates of these attitudes.
A convenience sample of 63 social workers (mean age=42.4, SD 10.1) employed in health care settings across Israel participated in a mail survey. Participants were asked regarding their preferences for treating an 80-year-old person in 3 hypothetical illness conditions (a metastactic cancer, an irreversible condition of mental impairment and an irreversible physical condition) by the use of 3 different LST (artificial tube feeding, mechanical ventilation and CPR). Results regarding LST indicate that social workers would use CPR significantly less than artificial feeding or mechanical ventilation and less LST for patients in the cancer condition than in other conditions. Social workers' attitudes to the use of LST were more strongly related to their beliefs about life and death than to their socio-demographic characteristics. The involvement of social workers in LST decisions is expected to increase as the ethical dilemmas related to the use of technological interventions increase. Further research to understand their attitudes regarding LST in comparison to other professionals in the medical team is important and should, therefore, be expanded.

DISENFRANCHISED GRIEF IN THE NURSING HOME.

S.Z. Moss, M.S. Moss, Philadelphia Geriatric Center, c/o Temple CCC, 5301 Old York Road, Philadelphia, PA 19141 and R.L. Rubinstein, University of Maryland Baltimore County.

Nursing homes are places of living as well as dying and the implications of bereavement can be profound. Although nursing homes experience many resident deaths, there is often little attention paid to the bereavement of surviving residents, their families, and the caregiving staff. Expressions of grief are often disenfranchised, that is they are not openly acknowledged, socially supported, or publicly mourned. Transcripts of qualitative interviews with staff, family and residents of four culturally diverse facilities were examined to ascertain the meanings of resident deaths and the multiple factors associated with disenfranchised grief. Salient themes reflect cultural attitudes (primarily ageism), characteristics of the nursing home (as a bureaucracy with impersonal regulations carried out by caring staff), and characteristics of the residents (often very old, frail, with pain, some dementia, and diminishing quality of life). Disenfranchised grief is discussed as a means of social control, and the implications of enfranchising grief within the nursing home context are explored.

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What is Important at the End of Life? Patients', Family Members', and Health Care Providers' Visions of a Good Death.

Steinhauser KE, Christakis NA, Clipp EC, McNeilly MD, McIntyre LM, and Tulsky JA. Duke University and VA Medical Centers, 508 Fulton Street (152), Durham, NC 27705

Improving care of the dying has become a recent national priority. Integral to the success of this effort is a clear understanding of what patients, families, and health care providers view as important at the end of life. We conducted a cross-sectional stratified national survey to learn how various end-of-life care participants define quality. Seriously-ill patients, recently bereaved family members, physicians, and non-physician health care providers (nurses, social workers, chaplains, and hospice volunteers) rated importance of 44 attributes of quality at the end of life on a five-point scale. 1,462 respondents (response rate = 77%). Twenty-six items received ratings of strong importance across all four groups. They included: pain and symptom management, preparation for death, achieving a sense of completion, and being treated as a "whole person." Eight items received strong importance ratings from patients but less endorsement from physicians including: being mentally aware, not being a burden, helping others, and coming to peace with God. Ten items were not associated with role, but rather appeared to be influenced, predominantly, by personal preference including: decisions about life sustaining treatments, dying at home, and talking about the meaning of death. Participants rated dying at home least important among rankings of nine major attributes. There is no one definition of a good death. Efforts to evaluate and improve patients' and families' experiences at the end of life must account for the diverse perceptions of quality.

SUICIDE WHILE UNDER HOSPICE CARE IN A WEST CENTRAL FLORIDA POPULATION

T. L. Vergon, T. J. Krizek & D. Cohen. Dept. of Aging and Mental Health and The Ethics Center, University of South Florida, Tampa, FL 33620

Hospice as palliative care has been assumed to be an alternative to suicide for terminally ill adults. A review of PUBMED, PSYCINFO, and SOCIOFILE databases revealed no empirical studies of suicide in persons in hospice. We identified a total of 174 suicides in a retrospective review of medical examiner (ME) records of all suicides by persons age 55+ from 1996-1997 in one Florida ME district (about 1 million people). Of these, 4 (<1%) were receiving home hospice care. They were all white men, married (compared to 43% of total suicides), had cancer or heart disease, and reported unrelieved pain. One had depressive symptoms and talked about suicide. All used handguns to kill themselves. The men in hospice did not have histories of substance abuse, were not dealing with the death of a relative or friend, had no family history of suicide, no history of physical violence or verbal discord, and no suicide threats or attempts, unlike many of the other 170 suicides. Hospice cases were older (mean 82.5 vs. 74.9; range 74-91 vs. 55-98). While none of the other 170 suicides were in hospice, other services, including outpatient (4.7%), home health care (4.7%), hospital (21.5%), and psychiatric care (5.2%), and medical specialists (11%) were used. This is a small sample, but suicide screening in hospice is warranted and further research is needed to clarify why hospice suicides are so different from other older adults who kill themselves.

AGE DIFFERENCES IN SUICIDE IN L.A. COUNTY

M. Maines, B. Knight, Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089

The highest suicide rate in the U.S. is among those age 60 and older. Because rates of suicide, particularly among the elderly, are projected to increase over coming decades, risk factors across specific groups (i.e., age, gender, ethnic) must be compared in order to construct effective interventions. The purpose of this study is to examine age patterns in suicides in Los Angeles County, a large population base with considerable ethnic diversity. Files for all 773 adult suicides (ages 18-100) for the year 1997 were examined to determine circumstances surrounding the event. Of these, 26% were age 60 and over.

Similar to the national pattern, most elderly suicides were Whites, followed by Asians, Blacks and Hispanics. Men had higher rates for all age and ethnic groups, and the gender gap widened with age. The most common method for all age groups was firearms, but more so for the elderly. Drowning and asphyxiation were used more by the elderly and drug OD, hanging, poison, and slashing/stabbing more by the young. The older adults seemed as likely as young people to verbally express intent, but slightly more likely to leave a note. Older adults were less likely to be intoxicated by drugs or alcohol at the time of the suicide. Depression was very common among all age groups. As in the population as a whole, health problems were much more common among the elderly, however, cancer was the most common condition among older suicides. Suicide prevention for older adults should target White and Asian males with access to firearms who have depression or serious health problems, especially cancer.

PREDICTING 6- AND 12-MONTH MORTALITY IN A NH POPULATION.

S.A. Morris, D.K. Kiely, J.N. Morris. Hebrew Rehabilitation Center for Aged, 1200 Centre St., Boston, MA 02131.

Long-term care residents, their families, and medical care teams are often faced with difficult decisions related to medical and palliative care. Estimating a resident's remaining days of life is crucial to making such decisions. The model described here is designed to maximize our ability to predict death over a 6- or 12-month period. We used Minimum Data Set information (n=1531) from a 720-bed long-term care facility to develop multivariate models predicting death at 30, 60, 90, 120, 150, 180, 210, 240, 270, 300, 330, and 360 days. ROC curve estimates indicated that the model had good performance with the 30-day, 60-day, and 180-day models (.77-.79), performing slightly better than the other models. Resident characteristics varied by model but specific characteristics such as functional impairment, older age, CHF, recent weight loss, increase in care, balance problem sitting, shallowing problems, shortness of breath, asleep a lot, restraint use, and gender were present in at least half of the models, with some characteristics present in multiple models. The 30-day and 180-day models each produced a greater proportion of true positives and a lesser proportion of false positives than other models. Of 266 deaths predicted using the 30-day model, 110 deaths (41.4%) had occurred at 6 months and 174 deaths (65.4%) had occurred at the end of 12 months; of the 1226 predicted not to die, 15.8% had died at 6 months, and 34.6% had died at the end of 12 months. The 180-day model performed somewhat better, predicting greater numbers of deaths at 6- and 12-months. Of the 717 predicted to die, 229 had died at the end of 6 months, and 414 had died by 12 months.

SELF-RATINGS OF HEALTH IN THE LAST YEARS OF LIFE: EVIDENCE FROM THE GLOSTRUP 1914 COHORT STUDY

E.L.Idler, J.McLaughlin, K.Avlund, E.L.Mortensen & M.Schroll, Institute for Health Care Policy and Aging Research, Rutgers University, New Brunswick, NJ 08903; University of Copenhagen and Kommunehospitalet, Copenhagen, Denmark

Research on self-ratings of health as predictors of mortality has tended in the direction of longer follow-up periods and younger samples. Nevertheless, the sensitivity of self-ratings of health to short times to death could be a very useful indicator, particularly in very elderly populations. We hypothesize that self-ratings of health made during the last year of life will be poorer than those made by elderly respondents with a longer time to death. We examine data from the Glostrup 1914 cohort, an ongoing study of individuals born in 1914 who were interviewed and given medical examinations in 1984, 1989, and 1995, at ages 70, 75, and 80 (N=919). Mortality follow-up data are available through 1998; 75 respondents were interviewed during their last year of life. Mean self-ratings of health made during the last year of life are significantly poorer than those made by respondents with 2 or more years of life left. Self-ratings of health are more sensitive to time-to-death than mobility, CESD score, or needing help with ADL activities. Self-ratings of health could prove very useful indicators of time-to-death in healthy aging populations.

DEPRESSION AND FUNCTIONAL STATUS AS PREDICTORS OF DEATH AMONG CANCER PATIENTS

M.Stommel, B.A.Given, C.W.Given, College of Nursing and Department of Family Practice, Michigan State University, East Lansing, MI 48824.

In this paper, we examine to what degree depression, functional status and self-reported symptoms predict survival of cancer patients during a period of one year after initial diagnosis. The present analysis is based on panel data from two NIH-funded studies, including 900 newly diagnosed cancer cancer patients (65-93) residing in over 60 different counties of Michigan. Measures include the CES-D, the physical functioning subscale of the SF-36 and a symptom report scale developed by the authors. Data were obtained from interviews as well as medical record audits. The analysis controls for the primary site of diagnosis, cancer staging at diagnosis, number of chronic co-morbid conditions, patient age, sex, race, marital status, years of formal education, household income, availability of a caregiver and number of household members living with the patient. During the observation period of 1 year, 130 (14.4%) of the 900 elderly cancer patients died. Employing a proportional hazard model, the results indicate that, next to staging, primary diagnosis and the availability of a family caregiver, patient depression remains a powerful independent predictor of mortality ($p \leq .004$): each additional CES-D scale point translates into a 3.7% greater hazard of dying. Physical functioning also is a predictor of survival ($p \leq .015$): for each additional 10 points on the standardized SF-36 subscale, the survival chances improve by 8.7%. Symptom experience, however, does not predict the survival chances. Implications are discussed.

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TIMING OF SIGNIFICANT LIFE EVENTS AS PREDICTORS OF SUBJECTIVE WELL-BEING.

R.A. Shippy & D.K. Mroczek. Fordham University, 441 E. Fordham Road, Bronx, NY 10458.

While there is an intuitive connection between marriage and education with subjective well-being (SWB), the literature reports relatively small effect sizes for these variables. This paper explores this relationship further, by accounting for the timing of significant life events. This investigation examines the relationship between the timing of marriage and educational attainment with three measures of SWB.

Using a subset of 2,764 adults, from the MacArthur Foundation's Midlife in the United States Survey, hierarchical regression and ANOVA were conducted on educational attainment and marriage timing, respectively. Results for Positive Affect and Life Satisfaction indicated that reaching the cohort average level of education was associated with higher levels of SWB. The timing of marriage was a significant predictor of SWB for Positive and Negative Affect and for Life Satisfaction. Specifically, those who married near their cohort-norm reported higher levels of SWB than do those who never married. Implications of the present findings for SWB research will be discussed.

PERSONALITY TRAITS AND LIFE ATTITUDES AS PREDICTORS OF THE FUNCTIONS OF REMINISCENCE FOR OLDER ADULTS

P. Cappeliez, N. O'Rourke, School of Psychology, University of Ottawa, Ottawa, Ontario K1N 6N5

The present study addresses two questions: (a) Do personality traits of Neuroticism, Extraversion and Openness to Experience predict the frequency of reminiscence and the various functions of reminiscence ?; (b) After taking these traits into account, do life attitudes contribute to the prediction of the frequency of reminiscence and its various uses ? Ninety-nine participants (M age = 67 years) answered the NEO-Five Factor Inventory (Costa & McCrae, 1992), an abbreviated version of the Life Attitude Profile-Revised (Reker, 1992) and the Reminiscence Functions Scale (Webster, 1993). Higher Neuroticism, Extraversion, and Openness to Experience and lower Goal Seeking (lower desire for new experiences and challenges) predicted a higher frequency of reminiscence. Lower Goal Seeking predicted the use of reminiscence for Boredom Reduction. Higher Openness to Experience, higher Existential Vacuum and lower Goal Seeking predicted reminiscence for Death Preparation. Higher Neuroticism and Openness to Experience, and lower Death Acceptance predicted the use for Identity. Higher Neuroticism and lower Goal Seeking predicted reminiscence for Bitterness Revival. These results are discussed in terms of the contribution of reminiscence to adaptation.

VITAL INVOLVEMENT OF OLDER ADULT WOMEN: THE IMPACT OF NONTRADITIONAL AND TRADITIONAL EXPERIENCES

B. H. Hensley, Department of CEPR, 100 Ball Education Bldg., The University of Memphis, Memphis, TN 38152

With life expectancy projected to continue to increase, mid-life adults may wonder what can be learned from the current generation of older adults about experiences that foster successful aging. This qualitative study explored the impact a nongendered, nontraditional work experience in adolescence or young adulthood had on the life choices and development of satisfaction throughout the lifespan, especially in older adulthood. Life history and focused interviews were conducted with sixteen women (ages 63-82) who participated in the All American Girls Professional Baseball League (AAGPBL) and eight women (ages 62-85) who experienced a more traditional adolescence and young adulthood. Themes that emerged from the women's personal narratives were that both groups had similar levels of involvement and satisfaction from relationships with family and close friends. The AAGPBL women typically had a greater variety of relationships including fictive-kin and a myriad of inter-generational relationships. The AAGPBL women also had more participation in and satisfaction from public activities (e.g., politics, civic groups, religious organizations) as older adults and throughout their lives. The AAGPBL women typically expressed a higher level of current involvement and satisfaction in their lives.

PATHWAYS FROM THEORY TO APPLICATION: AN IN-DEPTH CASE STUDY OF THE APPLICATIONS OF ERIKSONIAN THEORY TO INTERVENTIONS WITH INDIVIDUALS IN LATER LIFE

P.K. Rickel, Life Span Research and Consulting Group, Cambridge, MA 02142

The pathway of any theory to its application in real life is certainly not an unambiguous, isomorphic enterprise. Rather, it involves isolating aspects of a theory hypothesized to be of practical use and formulating interventions based upon these hypotheses and/or upon empirical data from theory-based research. Applications of theory are often embedded within extensions or modifications of the theory's basic tenets. In this in-depth case study, Erik H. Erikson's theory of psychosocial development is used to illustrate the multiple pathways in applications. This case study follows my model of the seven pathways from theory to application to illustrate the (a) holistic vs. partial, (b) linear vs. convergent, and (c) practical vs. conceptual aspects of the expression of theory. Each pathway is illustrated with case examples from diverse applications and empirical research findings (e.g., in social work, psychotherapy, social gerontology). This case study revealed that five out of the seven pathways explored were in need of empirical investigation which would either lend support to or refute the usefulness of the application of Eriksonian theory to interventions with individuals in later life. This model provides a useful heuristic for understanding the links between research and practice and for viewing the critical tasks ahead for researchers and practitioners alike.

VISION IMPAIRMENT AND PSYCHOSOCIAL DEVELOPMENT: ADAPTATION TO CHRONIC STRESS.

M. Brennan & R.A. Shippy. Arlene R. Gordon Research Institute of Lighthouse International, 111 E. 59th Street, New York, NY 10022.

Both social support and spirituality may be important buffers to stressful life circumstances (SLC), but these two factors have rarely been considered simultaneously in predicting psychosocial outcomes. Furthermore, some have suggested that adaptation to SLC, such as visual impairment, may involve a developmental recapitulation of earlier psychosocial stages. Preliminary analyses of a study sample of 199 middle-aged and older adults with vision loss found evidence of such a recapitulation in three domains of personal growth as described by Erikson: Initiative, Industry, and Integrity. The purpose of the present analyses was to examine the stress buffering effects of social support and spirituality in the above three psychosocial domains, using OLS multiple regression. Stress was operationalized as health problems, visual impairment, and stressful life events. Results found that for Initiative and Industry, perceiving adequate levels of emotional support, but not level of spirituality, was a buffer for SLC. However in terms of Integrity, there was a significant buffering effect of Spirituality on Life Event Control ratings. Social support was not a significant buffer of life stress in the Integrity domain. Implications of the present findings for older adults' adaptation to chronic stress will be discussed.

AGE AND ETHNIC DIFFERENCES IN ADULT PERSONALITY

K.Y. Holmes & G. Labouvie-Vief
Department of Psychology, Wayne State University, Detroit, MI 48202

Previous research has shown consistent age differences on dimensions of the CPI: older adults score lower on extraversion and flexibility, while there are age-related increases in norm-orientation. These patterns have been replicated across many cultures. The purpose of this study is to examine if similar age difference patterns hold for African-Americans. A sample of 319 (161 Whites, 158 Blacks) community residents aged 15-81, were asked to respond to the California Psychological Inventory. An age by sex by race MANOVA revealed no significant age differences, although differences were in the expected direction. However, significant multivariate race and sex main effects were found. African Americans were shown to score lower on summary scales of norm-orientation, social competence, social vitality and complexity, while women were shown to score lower on social competence. These findings suggest that sociocultural variations as well as normal maturation play a role in the development of adult personality.

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GOAL CONFLICT AND COHERENCE IN THE CONTEXT OF STARTING TO EXERCISE

M. Riediger, A. M. Freund, & P. B. Baltes,
Max Planck Institute for Human Development, Lentzeallee 94, 14195 Berlin, Germany

The model of selection, optimization, and compensation (SOC-model) proposed by P. B. Baltes and M. M. Baltes (1990) emphasized the central role of future-oriented motivation in developmental regulation. Through the selection of goals and goal-directed action (i.e., optimization and compensation), individuals influence their life course in aspired directions. People usually work on more than one goal at a time. The *quality of inter-goal relations* therefore may have implications for adaptive life management. A questionnaire (N=99 younger and N=46 older adults) and a diary study (N = 50 younger and N = 30 older adults), conducted with participants who recently started exercising, examined individuals' intention to exercise and the relationship between this goal and other self-selected life goals over time. Results indicated that (1) goal conflict and goal coherence represented two unrelated dimensions, (2) older adults experienced their goals as less conflicting and more coherent than did younger adults, (3) highly conflicting goals were less likely pursued and their pursuit was less enjoyed when compared to less conflicting goals, (4) participants who perceived their exercise goal as highly conflicting were less likely to adhere to their exercise regimen over a period of four months and less likely to experience positive change in life domains motivating their intention to exercise (e.g., subjective health and fitness, attractiveness, weight control). These findings point to the important role of thoughtful and balanced goal selection for the effective operation of the SOC-model.

THE RELATIONSHIP BETWEEN POSITIVE AND NEGATIVE AFFECT. A BEHAVIORAL GENETIC ANALYSIS.

M.R. Neiss, D.M. Almeida, Family Studies and Human Development, University of Arizona, Tucson, Arizona, 85721

Although many researchers believe positive and negative affect are independent, some evidence suggests the two are part of one underlying bipolar dimension. Traditional factor analytic approaches to this debate yield equivocal results, resulting in an inability to support one perspective over the other. In addition, some evidence suggests older adults experience emotions in a qualitatively different manner, being more likely to experience both positive and negative affect at the same time. Older adults, then, may be more likely to experience independence of positive and negative affect. This study uses a behavior genetic approach to decompose the relationship between positive and negative affect. Substantial common genetic and environmental factors influencing both positive affect and negative affect would support the bipolar framework. On the other hand, strong specific genetic and environmental influences on positive or negative affect would support the independent view. From a national U.S. sample of individuals aged 25 to 74, sibling and twin pairs provided information on levels of positive and negative affect. Variance in positive and negative affect was decomposed into common genetic and environmental factors, and specific genetic and environmental factors. Further analyses tested whether the structure of the relationship between positive and negative affect differed by age.

EARLY EMOTION SOCIALIZATION AND ADULT EMOTIONAL EXPERIENCE

C. Magai, R. McPherson, B. Thorpe, & D. Peralta, Long Island University, 1 University Plaza, Brooklyn, NY 11201

Tomkins (1963) was the first emotions theorist to describe the importance of emotion socialization in human development and to differentiate between socialization that was "punitive" (e.g., shaming) versus "rewarding" (e.g., consoling). He argued that punitive socialization of emotion leads to a desensitization to emotion. The present study (N = 755) explored the thesis that individuals exposed to more punitive emotion socialization in childhood would report lower levels of emotional experience in later life, and examined cultural groups thought to differ in pattern of emotion socialization. Data indicate that African American (AA) children are exposed to greater corporal punishment than European American (EA) children; this is conceivably due to AA's minority status in the dominant culture and the need for AA parents to insure that their children avoid "misbehavior." As adults, AA's typically report lower levels of depression, caregiver burden, and grief during bereavement than European American (EA)s. We hypothesized that AAs would report higher levels of punitive emotion socialization than either EAs or immigrant Blacks from countries in which Blacks represent the majority culture (e.g. Jamaicans),and also that AA's would report lower levels of emotional experience. Immigrants from Russia served as a White immigrant control group. Findings were that AA's reported greater punitive emotion socialization and their scores on negative emotional experiences and emotional tactics during conflict were lower than EAs; the scores of Jamaicans resembled those of AA's. The Russians differed from all three groups; they reported the lowest levels of punitive emotion socialization and had the highest scores on negative emotion. Thus the data appear to support Tomkin's thesis.

THE EFFECTS OF MEMBERSHIP IN CHURCH-RELATED ASSOCIATIONS AND IN LABOR UNIONS ON AGE DIFFERENCES IN VOLUNTARY ASSOCIATION MEMBERSHIPS.

J. Hendricks, University Honors College, Oregon State Univ., Corvallis, OR 97331 and S. J. Cutler, Dept. of Sociology, Univ. of Vermont, Burlington, VT 05405.

The bivariate, curvilinear pattern of age differences in association memberships has been shown to be due to compositional differences between age groups. When compositional effects are controlled, peak membership levels occur later and remain relatively stable through ages 85+. We seek here to determine if this adjusted pattern persists when widespread memberships in two types of associations are removed: (1) church-related, which increase with age but may confound church membership *per se*, and (2) labor unions, which may not be "voluntary." Using aggregated data from 12 national surveys on total memberships in 14 types of associations over the period 1974 to 1994, the familiar curvilinear relationship appears at the bivariate level. In the multivariate analysis, however, membership levels rise from ages 18-24 through 55-59 and persist close to that level through ages 85+. The results reaffirm that age differences in voluntary association affiliations are due to age-based compositional effects, but also show that the pattern observed with controls is neither driven by membership in church-related "associations" nor altered when membership in labor unions is excluded.

REFLECTIONS ON LESSONS LEARNED FROM A HALF-CENTURY OF SOCIAL RESEARCH.

G.F. Streib, Department of Sociology & Center for Gerontological Studies, University of Florida,Gainesville, FL 32611

At the start of my career as a sociologist and field researcher, I was a young outsider, but now in my eighth decade, I am an insider and still a gerontologist.

Having been involved in gerontological research for almost a half century, I have employed a variety of research designs & techniques. One technique that I have employed in various settings is that of observer--a role that has several dimensions and that may have situational dynamics. One distinction that is often made is that between observer and participant observer. Another set of contrasting roles is that of outsider and insider.

In these role combinations and role adaptations, a perennial problem is one that all researchers face-- even those engaged in quantitative research-- how to maintain objectivity. As a participant observer/insider, there are a new set of issues that I have faced.

In this paper I will discuss 3 cases: (1) observational research as an insider--

issues in housing for the elderly; (2)theories and experiences in retirement ; (3) families in retirement communities.

DEAD OR ALIVE: SHOULD IT BE SO HARD TO TELL?

B. R. Levy, Dept of Epidemiology and Public Health, Yale University and S. R. Kunkel, Scripps Gerontology Center, Miami University, Oxford, OH 45056

Survival analysis depends on reliable data regarding the mortality status of respondents. This presentation describes a multistage process, and the outcomes of that process, to determine whether 1100 participants (age 50 to 94 at baseline) in a twenty-year longitudinal study are alive or dead. We assessed vital status from: 1) mortality data provided by the National Death Index (NDI) matched to research project records; 2) key informants in the study site; 3) county Boards of Health mortality records; and 4) an algorithm developed by the researchers to determine the likelihood of matches to NDI records. Using these methods, we were able to establish mortality status for about 900 participants with a fair degree of (but not absolute) certainty. Even among those 900 "certain" cases are 30 people for whom we have dates of death and cemetery plot numbers, but no match from the National Death Index. Also included in the 900 are over 200 cases for which the NDI date of death is not an exact match to project records. For the remaining 200 persons whose status is unknown after four stages of matching and checking, we coded degree of ambiguity of their mortality status. This paper summarizes the stages and outcomes of the process of assessing mortality status, presents the logic of coding for ambiguous cases, and discusses the importance of sensitivity analyses for survival predictions because of the relatively high prevalence of ambiguous outcomes.

HANDLING MISSING DATA: WHAT STATISTICAL PROCEDURE GIVES THE MOST ACCURATE IMPUTED ESTIMATE?

C. Warner, C. Musil, P. Klainin, Case Western Reserve University, Cleveland, OH 44106 and S. Jones,
Kent State University, Kent, OH 44242

Missing observations are a fact of life in research. The problem occurs for many reasons. Rats die, subjects do not respond to an item, equipment fails, or there is subject attribution from a study. The seriousness of the data that are missing depends upon how much data are missing and the extent to which the cases with missing observations differ systematically from the observed scores. The purpose of this paper is to present theoretical and empirical information discussing the seriousness of different types of missing data and to compare three statistical methods for imputing values to missing observations. An actual data set of 492 cases with no missing values was used to create a simulated, yet realistic, data set with "missing at random." Next three types of imputation methods: mean substitution, regression, and Expectation Maximization using structural equation modeling (SEM) are applied to estimate the missing values. The subsequent effects of each imputation method on means, correlations and multiple regression equations are calculated. The EM procedure by SEM provides more efficient estimates of missing values and less biased parameter estimates than the other imputation methods.

PILOT TEST OF A CONSUMER SURVEY AMONG PARTICIPANTS OF THE CONNECTICUT HOME CARE FOR ELDERS PROGRAM

C. Gruman, L. Curry, M. Porter, Braceland Center for Mental Health and Aging, Institute of Living/Hartford Hospital, 400 Washington St., Hartford, CT 06106; B. Bowers, University of Wisconsin-Madison, 600 Highland Ave., Madison, WI 53792

Using a modified CAHPS instrument, the purpose of this study was to pilot test a consumer survey among a frail, low-income, older population receiving home care services. Methods of administration including phone, mail, and in-person approaches were examined.

A total of 209 surveys were completed (rr=54%). Findings varied by mode of administration but generally addressed the following areas: hearing--approximately 65-70% of respondents had moderate to advanced hearing impairment, hindering accurate information gathering; comprehension--most of the respondents had trouble comprehending at least one question in the survey, resulting in nonsensical or contradictory answers, or affirmative answers given automatically without much thought; scales--both likert and categorical scales were difficult for many respondents to comprehend; estimation--respondents had difficulty recalling how frequently they saw a doctor in the past six months was difficult; response bias--subjects often provided socially appropriate responses to health related questions; barriers to survey administration--numerous difficulties were encountered including poor health, hearing loss, competing demands, and guarded access. Detailed results, limitations, and recommendations will be presented.

STRUCTURED AND QUALITATIVE INTERVIEWING IN INDIA

Helen B. Miltiades, Center for child, family and community partnerships: Adult development and aging division, Boston College, Newton, MA 02459

American research protocol provides little guidance for interviewing in India. For example, the interviewer is expected to direct the interview. However, for an American researcher in a foreign country, due to language barriers and dependence on those native to the country, the control the researcher has is illusionary. This paper discusses the experience of interviewing 30 elders in Calcutta, India. For most elders this was their first interviewing experience, and many were unable to respond appropriately to Likert type questions. Focusing on concrete issues in an open-ended format proved to be the most effective means of communication and gathering data. Complexities, such as dealing with extended family members, cultural expectations regarding appropriate questions, and respect for the elder, are discussed, and responses suggested. The elder's reluctance to admit to negative events, and effective solicitation of such information is presented. For a better understanding of these research issues, the values and cultural expectations of Indian elders are presented as they pertain to each issue. In addition, practical problems in scheduling interviews due to poor phone systems, and transportation issues are discussed.

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COLLABORATIVE COGNITION IN LATER ADULTHOOD

J. Strough, Dept. of Psychology, West Virginia University, Morgantown, WV 26506-6040.

PARTICIPANTS:

O. Gould, C. Osborn, H. Krein (Dept. of Psychology, North Dakota State University, Fargo, ND 58105) Collaborative Recall in Acquainted and Unacquainted Dyads.

S. Cheng, J. Strough (Dept. of Psychology, West Virginia University) Age Differences in Collaborative Performance on a Trip-Planning Task.

J. Margrett (Gerontology Center, Pennsylvania State University, 105 Henderson Building South, University Park, PA 16802) Everyday Problem Collaboration: Congruence of Older Adult Partners.

C.A. Berg, T.W. Smith, M. Hawkins (Dept. Of Psychology, University of Utah, Salt Lake City, UT 84112) Hostility and Cardiovascular Reactivity During Older Couples' Collaborative Problem Solving.

DISCUSSANT:

F. Blanchard-Fields (School of Psychology, Georgia Institute of Technology, Atlanta, GA 30332)

The notion that everyday cognition is embedded within a social context has stimulated research on how older adults collaborate with others to solve problems. The symposium has two objectives: a) to compare older and younger adults' collaborative problem-solving performance, and b) to examine the interpersonal processes that are associated with successful collaborations in later adulthood. In regards to the first objective, the papers examine how the benefits of collaboration for performance may vary by age and depend on the type of performance that is assessed (e.g., story recall, word recall, trip planning). In regards to the second objective, the papers address how hostility and conflict within the marital relationship in later adulthood relate to subjective and objective indexes of collaborative performance. Together, the papers contribute to an understanding of how different types of interpersonal relationships (friends, spouses, strangers) relate to collaborative partners' expectations of performance, assessments of performance, and actual performance.

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AFFECT BALANCE AND AFFECT COMPLEXITY: A DUAL PROCESS THEORY OF LIFE SPAN AFFECTIVE DEVELOPMENT

G. Labouvie-Vief, Wayne State University, Department of Psychology, 71 W. Warren, Detroit, MI 48201.

PARTICIPANTS

G. Labouvie-Vief (Department of Psychology, Wayne State University, Detroit, MI 48201) A Dual Process Theory of Affect Regulation

S. M. Medler & J. Ahn (Department of Psychology, Wayne State University, Detroit, MI 48201) Emotion Regulation Styles in Adulthood: Convergent Validation

E. Emmons & G. Labouvie-Vief (Department of Psychology, Wayne State University, Detroit, MI 48201) Relationship Between Facial Expression of Positive and Negative Emotion and Use of Coping Strategies Across the Lifespan

A. Binoniemi, E. Emmons, & M. Medler (Department of Psychology, Wayne State University, Detroit, MI 48201) Affect Regulation Styles in Caucasian and African American Samples

DISCUSSANTS

C. Magai (Long Island University, Brooklyn, NY 11201)

A perplexing problem in the study of development and adaptation is that positive affect sometimes indicates good adjustment and adaptation, while at other times it indicates defensive and less adaptive processes. In this symposium, we propose a dual processing model in which affect regulation can be expressed as a combination of two different and independent modes of regulation. The four talks present convergent evidence for these modes derived from self-reports, narratives, and observational (facial expression) methods. In concert, this research suggests that with increasing age, individuals become more oriented towards maintaining positive affect, but that they do so at the expense of complex and integrated representations of affect. This pattern holds across White and African-American Samples.

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TWENTIETH CENTURY PATTERNS IN GRANDCHILD-GRANDPARENT CORESIDENCE.

P. Uhlenberg, Dept. of Sociology, CB #3210, University of North Carolina, Chapel Hill, NC 27599

Reports indicating a rapid growth since 1980 in the number of children living with grandparents have stimulated a great deal of discussion of the issue of grandparents rearing grandchildren. Missing from this discussion is a careful demographic assessment that provides a longer time perspective on this phenomenon. Using the Integrated Public Use Microdata Series (IPUMS) for each decade since 1900 (except 1930), it is possible to trace trends in both the number of children living with grandparents and the number of older people who have a grandchild living in their household. Further, these data can be broken down by age, sex and race. The results provide a useful perspective on the much-discussed recent increase in percent of children living with grandparents in skipped generation households. For example, it was 5 times as likely that a white woman in her 60s was sharing a household with a grandchild in 1900 than in 1990, but the percent of children living with a grandparent was lower in 1900 than in 1990. Among other things, this analysis contributes to the topic of historical change in age integration.

MARITAL HISTORY AND INTERGENERATIONAL SUPPORT IN FAMILY CONTEXT

D. Eggebeen, Human Development and Family Studies, S-211 Henderson Building, Penn State University, University Park, PA 16802 & A. Davey, Child and Family Development, McPhaul Center, University of Georgia, Athens, GA 30602.

Research has demonstrated an association between parent's marital history and intergenerational support. This study extends previous work by focusing attention on specific features of parents' marital experiences. Specifically, this study examines exposure to different statuses (e.g., married, divorced, widowed), duration, type of transition experienced (marriage to divorce, divorce to remarriage, etc.), and timing of the transitions in the life course of the child (e.g., childhood, young adulthood) for exchanges of intergenerational support between aging parents and one of their adult children. We use data from the first wave of the NSFH to construct dyads of parents (age 50+) and a randomly selected adult child (N=2,694). Nine types of marital histories are identified, distinguished by status and type of transition. Types are anchored in each child's unique experience with timing and duration of certain statuses. Results highlight the importance of considering the specific features of marital histories and the grounding of parents' marital histories in the life course of the child.

RELATIONSHIPS BETWEEN OLDER PARENTS AND THEIR CHILDREN: A 36-YEAR LONGITUDINAL STUDY.

Dorothy Field and Cenita Kupperbusch, Institute of Personality and Social Research, 4143 Tolman Hall, University of California, Berkeley, CA 94720-5050.

This study examines the influence of *children* on their *parents* (in contrast to the usual focus on the influence of parents on children) at three points of time, and on how children's perceptions of the relationship affect parents' perceptions and parents' *life satisfaction*. We hypothesized that at each life stage the children's reports about their joint relationship would influence the parents' reports and the parent's life satisfaction. Members of the Berkeley Older Generation Study and their children were independently interviewed during three life stages about their relations with each other: T1 (1945-1947) when the parents were Middle Aged and the children were Adolescent, T2 (1968-1970) when parents were Young-Old and children Young Adults, and T3 (1982-1984), when parents were Old-old and children Middle Aged. Parents' reports were remarkably stable over time; reports by children were more volatile. SEM analyses showed that children's reports about their joint relationship did indeed influence parents' perceptions and parent's life satisfaction at every life stage, but the degree of influence varied with respect to changing needs of the child (greater in Adolescence) and of the parents (greater in Old-old age).

THE INFLUENCE OF FINANCIAL TRANSFERS TO ADULT CHILDREN ON THE QUALITY OF THEIR INTERGENERATIONAL RELATIONSHIPS

J.B. Mabry, M.Silverstein,
Andrus Gerontology Center,
University of Southern California,
Los Angeles, CA 90089

How do financial and material transfers from parents and grandparents to adult children and grandchildren (*inter vivos* transfers) affect intergenerational relations? Old-age security programs have endowed recent cohorts of elderly with resources that make possible new links and exchanges between generations. Transfers from older to younger adult family members may strengthen intergenerational solidarity. Paradoxically, however, transfers may be a potential source of tension in the family and exacerbate intergenerational conflict.

We examine the effects of transfers on intergenerational affection, conflict, and perceived relationship quality using data from multiple waves of the Longitudinal Study of Generations (LSOG), a three decade study of three hundred four-generational families. Regression analyses reveal that transfers enhance affection and the perceived quality of the intergenerational relationship, but also contribute to conflict. These results suggest that financial dependence on parents may introduce ambivalent feelings in adult children.

GENDER DIFFERENCES IN MARITAL HISTORIES OF BLACK AMERICANS

C.L.Johnson, Medical Anthropology,
Univ. of California, San Francisco,
CA 94143-0850.

Drawing upon interviews with 160 Black Americans, this report analyzes the marital histories of 80 men and 80 women who have a mean age of 65 years and an age range of 45 to 100 years. At the time of the interview, 40% were currently married, and 44% had only one marriage. For the remainder, the numbers ranged from two to eight marriages, with men having significantly more marriages than women did. In contrast, women

had been in a widowed or divorced status significantly longer.

Men gave more positive views of their marriage, while women reported more unhappiness in their marriage. Once a marriage ended, women preferred to remain single, usually because they enjoyed their independence and their involvements in their church and social network activities. This presentation will also include the respondents' open-ended discussions about marriage as they varied by gender.

FAMILY BREAKDOWN CAN RESULT IN THE LOSS OF CONTACT BETWEEN GRANDPARENTS AND GRANDCHILDREN: PATHOLOGICAL GRIEF. Drew, L.M. & Smith, P.K., Department of Psychology, Goldsmiths College, New Cross, London, SE14 6NW, England.

When there is a breakdown in the family due to family feud grandparents are at risk of losing contact with their grandchildren. Grandparents in the UK who have regular contact (98) and those who have lost contact with their grandchildren due to a family feud (70) returned questionnaires about their relationship with their grandchild. Unlike in a divorce situation, lineage was not a risk factor in loss of contact. All grandparents valued their grandparenting role and saw it as central to their lives. Prior to loss emotion was lower between grandparent and grandchild for those affected by family feud compared to grandparents with regular contact. For the Family Feud Group after loss there was a significant decline in contact and emotion, while proximity remained the same. Some evidence was found which indicated grandparents were 'agents' vs. 'victims' of the loss. Grandparents felt their emotional and physical health was affected by the loss of contact and were experiencing intense chronic grief. Additionally, mild to severe levels of depression were found, along with negative symptoms of mental health and PTSD. Grandparents are in need of continued emotional and practical support from grandparents who have experienced a similar loss, as well as friends, family, social and legal organisations.

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ELDERS, CRIME, AND THE CRIMINAL JUSTICE SYSTEM: MYTH, PERCEPTION, AND REALITY IN THE 21ST CENTURY.
Max B. Rothman, Southeast Florida Center on Aging, Florida International University, 3000 NE 151 Street, North Miami, FL 33181.

PARTICIPANTS:

M. Rothman (Southeast Florida Center on Aging, Florida International University) Issues of Elders, Crime, and the Criminal Justice System.

B. Dunlop (Southeast Florida Center on Aging, Florida International University, N. Miami, FL 33181) Elder Criminality.

J. Kerbs (University of Michigan, Ann Arbor, Michigan 48109) The Older Offender and Decarceration.

DISCUSSANTS:

A. Achenbaum (University of Houston, Houston, TX 77204)

P. Nathanson (University of New Mexico Law School, Albuquerque, New Mexico 871310)

N. Coleman (ABA Commission on the Elderly, Washington, D.C. 20005)

M. Kapp (Wright State University, Dayton, Ohio 45435)

Gerontologists routinely examine the implications of a rapidly aging society on issues of health and long term care, housing, education, politics, religion, the labor market, and the economy. They rarely focus on how an aging America will impact the criminal justice system. Symposium will document current facts about the nature and extent of older people's involvement with crime and criminal justice. It will provide a gerontological framework for interpreting facts and for separating fact from myth, as well as identify salient policy, research, and ethical issues that emerge from a frequent disjuncture of popular stereotypes of aging with reality. Symposium will review general system issues affecting elders, the nature and dynamics of elder criminality, and the growing issue of older prisoners and decarceration.

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DUAL-EARNER COUPLES IN THE SANDWICHED GENERATION: LONGITUDINAL FINDINGS FROM A NATIONAL STUDY. M.B. Neal & L.B. Hammer, Institute on Aging and Dept. of Psychology, Portland State University, Portland, OR 97207-0751.

Participants:

M.B. Neal & L.B. Hammer (PSU) Transitions in Work and Family Roles: How They Affect Work-Family Fit Among Sandwiched Generation Couples.

L.B. Hammer & M.B. Neal (PSU) The Effects of Work and Family Coping Strategies on Well-Being Over Time.

A. Rickard, M.B. Neal, L.B. Hammer, & S. Caubet (PSU) Work-Family Conflict as a Mediator Between Family Characteristics, Role Rewards and Stressors, and Work-Related Outcomes.

K.J. Brockwood, L.B. Hammer, & M.B. Neal (PSU) The Glass is Half Full: Linking Role Quality to Positive Spillover Between Work and Family.

Discussant: Mary Ann Parris Stephens (Kent State University, Kent, OH).

Only seldom have work-family studies focused on those persons who are employed and have multiple caregiving roles (e.g., Stephens, Franks, & Townsend, 1994). Similarly, few (e.g., Stephens, Franks, & Atienza, 1997) have studied both positive and negative effects of combining work and family. To our knowledge, none has examined multiple caregiving and work roles in the context of dual-earner couples, and none has investigated changes over time in these multiple roles.

This symposium shares results from a national longitudinal study of couples who, at Time 1, both worked, had children aged 18 or under in the household, and spent 3+ hours per week caring for a parent. Of the 309 couples who returned Wave 1 surveys, 234 completed Wave 2 and form the sample for the analyses. The papers presented investigate changes over time in work and family roles (e.g., more parent care; children moving out; working more hours), and the effects of these changes and those of role rewards and stressors and coping strategies used, on work-family conflict, positive work-family spillover, work-related outcomes, and/or indicators of well-being. The implications for policies to help sandwiched generation employees better manage their work and family demands are discussed. This research was funded by the Alfred P. Sloan Foundation.

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PRODUCTIVE ACTIVITIES AND AGING: CONCEPTUAL AND METHODOLOGICAL ADVANCES.

J.A. Burr, F.G. Caro & J.E. Mutchler, Gerontology Institute and Center, University of Massachusetts Boston, Boston, MA 02125

PARTICIPANTS:

J.E. Mutchler, J.A. Burr & F.G. Caro (Gerontology Institute and Center, University of Massachusetts Boston, Boston, MA 02125) Changing Constellations of Productive Activity in Later Life.

R.W. Johnson & A.T. Lo Sasso (The Urban Institute, 2100 M St., N.W. Washington, DC 20037) Female Labor Supply: Trade-offs among Caregiving, Financial Transfers, and Work

A.R. Herzog, M.B. Ofstedal, S. Fonda, & M.C. Luoh (University of Michigan, Ann Arbor, MI 48106) Volunteer Work and Health among Older Americans

T.A. Glass & C.F. Mendes de Leon (Center on Aging and Health and Department of Epidemiology, Johns Hopkins University) Social and Productive Engagement Is Protective Against Depressive Symptoms: Evidence from the New Haven EPESE

DISCUSSANT:

D.J. Ekerdt (Gerontology Center, University of Kansas, Lawrence, KA 66045-2930)

Scholars and policy makers have come to understand that productive activity is more than paid work and that engagement in non-paid work may provide an important marker of robust aging. In this symposium, researchers from a variety of disciplinary backgrounds using several large surveys report their research findings. Included here is research showing how participation in the many forms of productive aging are related to one another, indicating the need to consider productive behaviors in combination. Also, research demonstrating the link between productive activity and health outcomes is presented using longitudinal data and techniques.

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MAXIMIZING THE FUNCTIONING OF DEMENTIA PATIENTS: THE LATEST

K. Bayles, National Center for Neurogenic Communication Disorders and Department of Speech and Hearing Sciences, University of Arizona, Tucson, AZ 85721-0071

PARTICIPANTS:

K. Bayles (University of Arizona) Human Memory Systems.

C. Tomoeda (University of Arizona) Finding Deficits and Spared Abilities.

T. Hopper (University of Arizona) Repeated Activation of Conceptual Knowledge.

N. Mahendra (University of Arizona) Manipulation of Working Memory Through Sensory Stimulation.

DISCUSSANT:

K. Bayles (University of Arizona)

The widespread belief that little can be done to improve the functioning of dementia patients has been challenged by results of recent research. Behavioral scientists are demonstrating that techniques that capitalize on spared memory systems while reducing demands on impaired memory systems often improve the communicative and behavioral functioning of Alzheimer's patients. Information will be presented on human memory systems, methods for evaluating them, and the profile of spared and impaired memory abilities of individuals with dementia. The focus of the symposium, however, will be on describing and demonstrating techniques that have been empirically demonstrated to improve functioning, among them spaced-retrieval training, repeated activation of conceptual knowledge, and manipulation of working memory through sensory stimulation.

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SOCIAL SECURITY: RATES OF RETURN UNDER ALTERNATIVE REFORM OPTIONS

Kathryn Olson, National Academy of Social Insurance, 1776 Massachusetts Avenue, NW, Suite 615, Washington, DC 20036

PARTICIPANTS:

S. Zeldes (Columbia University School of Business, New York, NY 10027) Would a Privatized Social Security System Really Pay a Higher Rate of Return?

J. Liebman (Harvard University, John F. Kennedy School of Government, Cambridge, MA 02138) The Distributional Effects of an Investment-Based Social Security System

P. Orszag (Sebago Associates, Belmont, CA 94002) Individual Accounts and Social Security: Does Social Security Really Provide a Lower Rate of Return? Would Benefits be Higher under Individual Accounts?

DISCUSSANT:

B. Page (Northwestern University, Evanston, IL 60208) Do Rates of Return Matter for Public Support for Social Security and the Direction of Reform?

Social Security is facing a funding shortfall in about 35-40 years. A number of proposals have been advanced to address this shortfall by restructuring Social Security to include some form of individual savings accounts that would replace part of current benefits. Supporters of individual accounts often argue that they would yield higher rates of return on contributions, and sometimes higher benefits, than the existing system. Others dispute this contention. The symposium will present recent research on rates of return and distributional consequences of proposals to partially "privatize" Social Security, from scholars who favor as well as oppose creation of mandatory individual accounts. The discussant will comment from a political science perspective on the relevance of rates of return to public support for Social Security and the various reform options.

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INFORMAL HELP IN THE ASSISTED LIVING SETTING: A ONE-YEAR ANALYSIS. J. E. Gaugler, Center on Aging, University of Minnesota, Minneapolis, MN 55455 & R. A. Kane, Division of Health Services Research & Policy, University of Minnesota, Minneapolis, MN 55455

Over the past two decades, awareness of the different sources of care for disabled older adults has steadily increased. However, few studies have recognized that informal care provision occurs and has serious implications in alternative living environments, such as assisted living. Using statewide data from the Oregon Assisted Living Study (N = 596 at T1) we compared informal help among assisted living (AL) and nursing home (NH) residents over a 1-year period. We also examined predictors of informal help among AL residents. Instrumental assistance (i.e., help with shopping, appointments, transportation) was more prevalent in the AL setting throughout the analysis. Regression models found multiple predictors of informal help among AL residents (e.g., background, facility, and resident variables). The results imply that the AL setting facilitates informal help provision; however, the support process is complex and requires greater attention in future research.

FUNCTIONAL TRANSITIONS IN THE CONTEXT OF ASSISTED LIVING

S. J. Fonda, Institute for Social Research, University of Michigan, Ann Arbor, MI 48106-1248. E. C. Clipp, VA (GRECC) & Duke Univ. Medical Centers, G. L. Maddox, Duke Univ. Medical Center, Durham, NC 27710

Gerontologists have long argued for the role of supportive housing milieus in preserving well being in later life. Recently many have pointed to assisted living (AL) as a particularly beneficial milieu for older people potentially in need of care; however, there are few studies to support this belief. This paper characterizes the functional dynamics of older residents over the first 2 years in an affordable AL facility. To determine how well the AL residents did, this paper then compares their functional dynamics with those for respondents of 3 community panel studies (EPESE, HRS & AHEAD). Functioning was measured in terms of ADLs and IADLs. A common pattern for the AL residents was constant good health, with 45% of the residents reporting no functional difficulties in the first year and 30% reporting constant good health for the full study. Deterioration was also common, evidenced by increases in difficulties, institutionalization, etc. For most people deterioration did not occur until late in the study. A notable percentage (10%) improved in functioning. Further, a small percentage had moderate difficulties throughout the study. This suggests that, although these residents' difficulties did not remit, the AL milieu enabled them to live independently. Comparison of the AL residents' functional dynamics with those for respondents in the referenced studies documents that they are similar and, in some ways, more favorable. This study suggests that AL milieus have beneficial effects on elders' well being over time, enabling them to regain or maintain function or cope with deterioration.

THE SECONDARY CONDITIONS AND FUTURE CONCERNS OF PEOPLE WITH PHYSICAL DISABILITIES WHO ARE GETTING OLDER

T Tatara, Shukutoku University in Chiba, 260-8701, Japan and K Masuda, Seigakuin University in Saitama, 362-8585, Japan.

This study is a part of a longitudinal study of people with physical disabilities who were once residents of Japan's oldest children's rehabilitation facility. The purpose of the study is to identify the secondary conditions and future concerns of 50 adults, who were surveyed by mailed questionnaires, as well as through personal interviews. The preliminary results of data analysis show some interesting findings: (1) the people in the study sample began experiencing increases in pain and numbness before they reached 30 years of age, which is about 10 years younger than the ages many earlier studies had suggested; (2) whether or not people with disabilities can hold positive views toward their future depends more on the number of friends they have than on the extent of their disabilities; and (3) the level of employability of people with disabilities is determined more by their educational attainments than by the degree of their disabilities. This presentation will highlight these and other major findings and discuss their implications for practice.

IMPACTS OF AN INCLUSIVE DESIGN PROCESS FOR EXPANSION: CHANGES IN THE PHYSICAL AND POLICY ENVIRONMENTS OF A CCRC

M. Kaup, Dept. of Apparel, Textiles, and Interior Design, and C. Norris-Baker, Galichia Center on Aging and Dept. of Architecture, Kansas State University, Manhattan, KS 66506.

The extensive expansion and remodeling of a Kansas CCRC provided an opportunity to compare and contrast (1) physical and policy environments of the existing facility, (2) initial desires and expectations of residents and staff for the expanded CCRC, and (3) resulting architectural program and plans for construction. Participatory planning processes spanned a 5 year period and included a 25 member multi-disciplinary team (researchers, staff, and residents as well as design professionals). Plans were developed to support new service delivery models and changes in organizational and policy structure. PAF and POLIF components of the Multi-Phasic Environmental Assessment Protocol (MEAP) were completed for skilled nursing, assisted living, and independent living at the three stages (pre-1995, 1995, 2000). Changes in profiles are presented for each living option across time and in comparison with national norms. Greatest changes in PAF were in physical amenities, prosthetic aids and staff facilities; greatest changes for POLIF were in policy choice and availability of support and recreational services. Implications of profile differences from norms and profile changes across the planning process are discussed for management of long-term care facilities and involving residents, staff, and researchers in design processes. Follow-up data will be obtained after occupancy.

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TRANSPORT AND AGEING IN AUSTRALIA

J McCormack and M Gilhooly
Department of Social Work and Social Policy, La Trobe University, Melbourne Australia 3083.

This exploratory qualitative study compared and contrasted the attitudes and perceptions of older adults in Australia (Melbourne) and Scotland (Paisley) to current and future use of public and private transport. Interviews revealed differences between the two countries in the use of public transport, with older people in Australia more dependent on private transport than older people in Scotland As expected, there were noticeable social class/educational differences in dependence on public transport, with older people in deprived areas more dependent on public transport. The social class differences were more marked in Scotland than in Australia. Older women in both Australia and Scotland were more dependent on public transport than older men, with the gender differences somewhat more marked in Scotland. The main barriers to the use of public transport amongst older people in Scotland were cost, timetabling and ease of boarding. The main barriers to use of public transport in Melbourne were lack of grab handles, complicated ticketing machines and lack of conductors. In both Australia and Scotland older car drivers found it difficult to imagine a future without a car, and few were taking steps to learn how to use public transport.

THE CITY OF LAGUNA WOODS: SENIOR POLITICAL POWER OR ACCIDENT?

R. Andel, P. S. Liebig
Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191

With the aging population growing, questions about seniors' political attitudes and interests, participation, and power have been asked by researchers (Binstock, 1997; Day, 1999; Liebig, 1994) and the media. Does the growing aging population symbolize increasing political power or does the diversity of political views among the aged not allow any significant political mobilization? Using interviews, this study examined the potential impact of the aged in local politics and policymaking. On March 2, 1999, a gated retirement community in Orange County, California, known as Leisure World, incorporated with three smaller adjacent senior living facilities and several businesses to form the first city in the nation almost exclusively populated by seniors - Laguna Woods. An immediate threat to the community's lifestyle - building of a nearby airport - set off city incorporation. City incorporation allowed the residents to become a significant political force in the fight against the airport. Utilizing city revenues, the city council is implementing community based services such as golf cart paths for non-drivers. The reported case indicates that, under certain specific circumstances, "the able seniors" (Hudson, 1988) may be influential political activists. Although the senior power model may not be robust on the federal level (Binstock, 2000), it may become more intense on a local level, particularly when issues of senior self-interest arise. Under similar circumstances, seniors could become a political force in other parts of the country as well, with impacts on local politics and policy making.

A SURVEY ANALYSIS OF AGE, ATTITUDES AND USAGE OF COMPUTERS TEN YEARS LATER. Ione Y. DeOllos, Ph.D. and David C. Morris, Ph.D., Department of Sociology and Research Associates: Center for Gerontology and Center for Middletown Studies, Ball state University, Muncie, IN 47306-0530. This study examines the personal computer, its technology and its culture in conjunction with the aging of our population. The two central issues are: 1. Older adults' ownership and/or use of PCs and the Internet; 2. change in older adults' attitudes toward the computer. The data were acquired from telephone interviews with 408 randomly selected adults, ages 19 to 95, (in the Lynd's "Middletown"); 327 (80%) are 60 or older. Interviews were administered by a Computer Assisted Telephone Interviewing (CATI) program. This paper describes, in detail, respondents' uses of their PC's and presents specific patterns of Internet involvement and utilization.

Morris (1987; 1989) developed an eight-item Likert scale to measure attitudes toward computers (The Computer Orientation Scale or COS). Comparison of the 1989 data to the 1999 data, reveals that in 1999, older adults are less likely to agree that computers use is easy to learn and also less likely to agree that some people simply cannot be taught computer skills. A far-smaller percentage of respondents feel that they will never learn to use a computer. In 1999, a significantly smaller percentage looks forward to the time when computers are more widely used. Also, in 1999, a significantly greater percentage of older adults believe that computers isolate people by preventing normal social contact.

It might be hypothesized that while older adults, in 1999, embrace the use of computer technology, they also feel and express serious reservations in regard to the social impact of the encroachment of personal computers into their everyday lives. The personal computer may well have achieved the dubious status of the proverbial "necessary evil" that cannot be lived with or without. Further multivariate analysis is being conducted to ascertain if this is, in fact, the case.

THE DRIVING DECISION: WHEN TO STOP AND WHO SHOULD DECIDE?

N.M.Silverstein, J. Murtha, L. Bruner-Canhoto, M. O'Connor, & L. Kapust

University of Massachusetts Boston Gerontology Institute & Center, Boston, MA 02125-3393

The decision about when to stop driving is an emotionally charged one, particularly when alternative forms of transportation are either unavailable, inaccessible, or undesirable. Researchers have documented that older drivers are not only more likely to experience an increased accident rate per mile (though they drive fewer miles) but they are also at a greater risk of dying in that automobile accident. The purpose of this exploratory research was to begin to assess stakeholders' perceptions of the locus of responsibility for driving cessation and the critical criteria that should be included in that decision. Purposive samples of adult primary care physicians (n=415) and law enforcement officers (n=300) in addition to a random sample of the general public age 50+ (n=300) in the greater metropolitan Boston area were surveyed by mail during Spring 2000. The major domains included policy considerations, professional and personal experience related to the driving decision, personal and situational factors that should be included in determining competency, and knowledge about available resources and adaptive equipment to promote safer driving. An action-research methodology was employed that utilized an advisory group consisting of representatives from the medical profession, law enforcement, advocacy, and consumer groups. Areas of agreement across stakeholders will be valuable for informing policy makers considering statewide or national initiatives. Findings will also be useful for public information and training.

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METHODOLOGICAL ISSUES TO BE CONSIDERED WHEN STUDYING OLDER MEN.

P.B. Harris, Dept. of Sociology, John Carroll University, Cleveland, OH 44118

L.W. Kaye, Graduate School of Social Work and Social Research, Bryn Mawr College, Bryn Mawr, PA 19010

Participants:

J. Bookwala, J.L. Newman, R.Schulz (Pennsylvania State University, Abington, PA 19001) A Review of the Research on Male Caregiving: Lessons Learned.

R. L. Rubinstein (University of Maryland Baltimore County, Baltimore, MD 21250) Anthropological Approaches to the Study of Older Men.

J.F. Gubrium (University of Florida, Gainesville, FL 32611-7330) The Male Subject and Qualitative Approaches.

L.D. Campbell (McMaster University, Hamilton, Ont., Canada) Capturing the Complexity of Men's Caregiving: The Value of Combining Methodological Approaches in the Study of Men's Filial Care.

DISCUSSANT:

L.W. Kaye, Graduate School of Social Work and Social Research, Bryn Mawr College, Bryn Mawr, PA 19010

Aging is a gendered experience. However, only in the last decade have an increasing number of scholars turned their attention to an often invisible segment of the older population, men. What are some of the methodological issues and concerns that need to be considered in order to understand the complex and varied experiences of this population? This symposium explores such issues. With a review of research on male caregivers, one paper examines the methodological strengths and weaknesses of the research and suggests recommendations. The anthropological approach of another paper emphasizes the importance of understanding the role of culture in constructing and shaping male gender identity, and it identifies systematic bias that can occur in data collection. The third paper focuses on the qualitative approach as a vehicle to view personal and interpersonal understandings of being a man and masculinity. The final paper discusses the value of combining qualitative and quantitative methodologies to deepen the understanding of the male caregiver experience. Together these papers further our understanding of how the use of certain methodologies can assist in our exploration of the world of older men.

Sponsored by the Men's Issues Interest Group.

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PHYSICAL AND PSYCHOLOGICAL ABUSE OF ELDERLY.

Cynthia Thomas and Priyanthi Silva. Westat Inc. 1650 Research Blvd., Rockville, MD 20850.

The National Elder Abuse Incidence Study (NEAIS), the first ever study that attempted to arrive at the most accurate estimate of the national incidence of elder abuse and neglect in the U.S., reported that approximately 450,000 elderly persons in domestic settings were abused and/or neglected during 1996. The NEAIS gathered data from two sources; 1. Reports from the local Adult Protective Services (APS) agency responsible for receiving and investigating reports and 2. Reports from "sentinels". Using the NEAIS data, this paper reports on the relationship between frailty, mental capacity and the incidence of physical or psychological abuse. Specifically, the inability to care for self physically, being confused, and depressed and the likelihood that someone will be physically or psychologically abused. Initial findings according to APS data indicate that 47.9% of the elderly were not able to care for self while 28.7% were somewhat able care for self physically. The Sentinel data reported that 18.8% and 33.1% were not able to or somewhat able to care for self physically. The numbers of elderly who were reported to be sometimes confused and very confused according to APS data were 27.9% and 31.6% and according to Sentinel data were 37.9and 7.5% respectively. 37.3% and 6.3% of APS data and 41.4% and 5.5% of Sentinel data reported that the elderly were moderately depressed or severely depressed.

ELDER ABUSE: A LOOK AT TRENDS IN VIOLENT CRIMES AGAINST THE ELDERLY

C. VandeWeerd, Elisa Dorrough, G. Paveza. School of Social Work, University of South Florida, Tampa, FL 33620

With the number of seniors growing in our communities everyday, and with it the rates of violent crime, an understanding of the factors that put seniors at risk for these behaviors becomes necessary in an effort to design and evaluate effective policies and practice to preserve the health security of our aging population. This study represents an attempt to identify trends in violent crime victimization of the elderly (age 60 and over) and to identify any significant predictors of these crimes that might aid in future policy and practice decisions. Incidents of violent crime against the elderly reported to the Hillsborough County Sheriffs Office for the years 1996-1999 (N=976) were examined and coded based on incident type, socio-demographic variables, and crime circumstances including information pertaining to geographic region in which the crime took place, location in which the crime took place, time of incident, injury sustained, and whether hospitalization was required and property taken. Overall, 89.7% of the victims were Caucasian and 51.5% of the victims were male. 59% of the crimes were committed against young old (age 60-69) with 33.9% of the sample victims of battery, 6.7% victims of aggravated assault, and 38.9% victims of domestic violence related aggravated assault and battery. Logistic regression analyses indicate that women (p=.010) living in the home (p=.009) are at increased risk for domestic violence. Perpetrators of these crimes are most likely to be a child of the victim (p=.0001) who identifies anger (p=.005) as the primary motive for the crime. Likewise, battery cases against older adults are most likely to occur in the in the home (p=.001) in the evening hours (p=.0001), and to be committed by adult children (p=.0002). By contrast, victims of aggravated assault are most likely to be white males (p=.008) and the crime is likely to occur in the afternoon hours (p=.033) at home (p=.016). Trend analyses indicated an overall decrease in violent crime during the 4 years, with a striking 1/3 decrease in domestic violence crimes against seniors during this period and highlight the effectiveness of recent domestic violence initiatives in the area. This research will be discussed in terms of both previous and future policy and practice implications.

HOW DO ADULT PROTECTIVE SERVICE SPECIALISTS RECOGNIZE VALID SELF-NEGLECT?

CBDyer, CToronjo, VNPavlik, MKeith, ESilverman; Baylor College of Medicine, 3601 N. MacGregor Way, Houston, TX 77004.

The goal of this study was to determine how Adult Protective Service (APS) specialists confirm allegations of elder self-neglect. A structured interview was designed and administered to 25 APS specialists in Harris County, TX. The interview included 9 questions and a section to describe the participant by age group, ethnicity, and education. The majority(36%) of participants were found to be 35-44 years of age. 60% of the participants had a bachelor's degree, and 12% were master's prepared. The mean number of years with the APS was 5.02 ± 3.93; 40% had worked for APS <3 years.

The respondents generally agreed on the definition of self-neglect, which is best represented by the following interviewee response: "A person's inability or unwillingness to provide for well-being of self". A variety of clues are used to determine valid cases –39% of the observations concerned the client's environment, including yard clutter and the odor of feces in the home. Another common theme was cognitive decline, reported by 32% of participants. 56% of the participants felt that reports of self-neglect cases were valid 80% of the time.

The experience of the TX APS specialists is most likely generalizeable to specialists in other urban areas of the US. The data from these detailed interviews can help health care workers understand this prevalent public health problem.

FAITH COMMUNITIES: AN UNTAPPED RESOURCE FOR VICTIMS OF ELDER ABUSE

E. Podnieks, Ryerson Polytechnic University, Toronto, Canada

One largely untapped community resource for raising awareness about elder abuse is religious institutions. Research has shown that older men and women go to their faith community when they have been abused for guidance and support. This pilot project has examined the perceptions and responses to elder abuse in Ontario. The first phase has surveyed a sample of fifty faith leaders. Findings indicate that two thirds (66%) of the sample are aware of or have heard about elder abuse among their older congregants. Faith leaders indicated that there is no structure in place to deal with elder abuse within faith communities as the issue has not been viewed as a significant problem. Faith leaders have identified the need for resources on elder abuse: pamphlets, flyers, multi-cultural information, workshops, videos and training sessions on how to identify elder abuse. They wish to learn about legislation, policies and intervention strategies. Older members of religious communities discussed barriers that keep them from seeking help: shame, lack of trust, fear of consequences, and the fear that things will get worse. This paper discusses recommendations that have evolved from the findings as well as resource development to address the educational needs of faith leaders and their congregants.

THE WISCONSIN ELDER ABUSE DATA: HOW RELEVANT ARE THE NATIONAL DATA?

I.Hajjar, E. Duthie, Jr, Division of Geriatrics/Gerontology, Medical College of Wisconsin, Milwaukee, WI 53295.

We compared the National Elder Abuse Incidence Study (NEAIS) data on elder abuse (EA) with the Wisconsin (WI) data obtained from the WI Department of Health and Family Services and performed a geographic analysis of the recent trends in WI. The NEAIS did not include any WI county in its sample. WI had a lower prevalence of EA based on reported and substantiated cases to adult protective services

(APS) (2.7 per 1000 nationally vs 1.6 per thousand in WI in 1996, $p<0.05$). In WI, the prevalence has been steadily increasing since 1996. WI had a higher substantiation rate in 1996 (49% nationally and 55% locally in 1996, $p<0.005$). In WI, 44% of the victims were 80 years or older, 65% were women, 62% were frail, and 29% had dementia vs in the NEAIS, 41% to 52% were 80 years or older, 60-76% were women, 77% were not independent, and 60% were confused in 1996. In 1996, 90% nationally and 80% in WI of the perpetrators were more likely to be family members. These trends were stable in WI over time. Larger metropolitan areas accounted for the larger number of reported cases in WI (42% of cases from Milwaukee, Dane, Kenosha, and Brown counties). When comparing prevalence, smaller counties accounted for the highest prevalence (Vilas county 14 per thousand) and the highest rate of increase (Langlade county had the highest increase by 9.4 per thousand between 1990 and 1998). This report suggests that application of the NEAIS data to the local level for policy and management decisions should be done cautiously. Local geographic variations exist. Identifying reasons for these variations will lead to better reporting and management of EA cases.

THE WARDS OF PUBLIC GUARDIANSHIP: VOICES OF THE UNBEFRIENDED.

P.B. Teaster, Center for Gerontology (0426), Virginia Polytechnic Institute and State University, Blacksburg, VA 24061.

A public guardian is an official appointed by a state or local government or court who serves incompetent persons lacking relatives or friends appropriate to serve as a guardian. This study is a qualitative analysis of 13 public guardianship wards who were able to communicate clearly as well as 10 wards who were unable to communicate clearly. The analysis is derived from ward interviews, participant observation, and interviews of wards' public guardian and the public guardian's supervisor. Interview questions included information on ward background, health and health care, how the public guardian meets their needs, decision preferences, and public guardians' respect for ward wishes. Public guardians' and program supervisors' interview questions included their knowledge, actions, and respect regarding the ward. Data reveal that wards are generally satisfied with the efforts of their public guardians, but that it is necessary for guardians to work to discern and respect their needs and wishes. These data have implications for public policy concerning public guardianship and program services provided.

THE EFFECTS OF THE RAI ON QUALITY OF COORDINATION OF NURSING CARE.

W.P. Achterberg, C.M. Holtkamp, A. Kerkstra, A.M. Pot, M.W. Ribbe; EMGO-institute Vrije Universiteit Amsterdam & NIVEL, Utrecht, The Netherlands

The Resident Assessment Instrument (RAI) was designed to improve the quality of care and quality of life in Nursing Homes. Until so far, only non-controlled studies on the effects of implementation of the RAI have been done. We studied the effect of implementation of the RAI on the quality of co-ordination of nursing care in Dutch nursing homes in intervention wards with RAI compared to wards with no intervention. We used *the co-ordination of nursing care instrument*, which measures the quality of nursing procedures on a ward. The measurements were done one month before and 8 months after RAI-implementation in eighteen wards in ten nursing homes in the Netherlands. 278 residents could be included at the first and 218 at the second data collection. There were marked differences in baseline scores for coordination of nursing care in the experimental and comparison wards. We used a meta-analysis technique to study the mean differences between 8 couples of RAI control wards before and after the intervention. The mean difference scores showed significant positive improvement in the RAI group for case history. We conclude that RAI is a useful instrument for improving the quality of coordination of care in nursing homes.

NURSING HOME QUALITY AND STATE QUALITY ASSURANCE: IS THE PUBLIC BUYING IT?

M. Mickus, Department of Psychiatry, A. Hogan, Department of Medicine, Michigan State University, East Lansing, MI 48824.

Despite the 1987 OBRA overhaul of this nation's nursing homes, concerns regarding quality still remain. The recent GAO report indicated serious problems with state oversight of facilities. Using data from a 1997 and 1999 statewide random telephone survey of 1389 and 1408 Michigan respondents, respectively, this research highlights the public response to these issues. Public satisfaction with quality of care has consistently declined with nearly 50% of reporting quality as fair or poor in 1997 rising to 59% in 1999. Perceptions regarding state effectiveness in overseeing nursing homes ratings are highly correlated with perceptions regarding quality. Although 23% of respondents were aware of the GAO report, only one half of these understood the actual conclusions of the report. Public willingness to pay for improved care has remained constant over this two year period (50%), but is also split among specific approaches for improving care and the extent of cost-sharing from providers. Understanding public knowledge of nursing homes and overall interest in reform is key for garnering the necessary attention for future legislation.

SERVICE HOUSE DEMONSTRATION IMPROVING QUALITY OF LIFE IN NURSING HOMES

L.A. Grant, Department of Healthcare Management, 3-140 Carlson School of Management, 321-19th Ave S. Minneapolis, MN 55455-9940

This demonstration study found positive improvements in the quality of life among nursing home residents after implementing a new service house model. Operational and environmental design innovations of the service house create an organizational model that is less institutional, less dominated by a medical model of care, and more residential or home-like. A two-year longitudinal evaluation looked at outcomes in three groups of subjects: 1) resident experimentals and controls (N=56), 2) family caregiver experimentals and controls (N=60), and 3) staff experimentals and controls (N=30). Statistically significant positive effects were found on resident autonomy, resident satisfaction, family caregiver satisfaction, and family caregiver expectations. The service house offers a new approach to improve quality of life in nursing homes.

DEVELOPMENT OF NURSING HOME QUALITY INDICATORS ADJUSTING FOR VARIATION IN RESIDENT-LEVEL FACTORS

K.A. Cagney, B.L. Egelston, P.J. Rathouz, Department of Health Studies and Section of General Internal Medicine, University of Chicago, 5841 S. Maryland Ave, MC 2007, Chicago, IL 60637.

BACKGROUND Investigations of nursing home (NH) quality often focus upon whether NHs meet minimal standards of care. Less common are explorations of the entire continuum of care to identify factors that distinguish high vs low quality NHs. Rarer still are studies that combine both resident-specific information as well as institutional characteristics into an assessment of quality. **METHODS** Using OSCAR for NH-level data and MDS for resident-specific data (1994), we examine quality differentials for a multi-State census of NHs. In this analysis, we focus upon one quality of care indicator, mortality. After adjusting the crude mortality rate by case mix in a proportional hazards model, we compare the upper and lower quartiles of NHs by adjusted mortality to examine the extent to which structure and process factors (e.g., size, staffing, aggregate resident characteristics) distinguish high and low mortality NHs. **RESULTS** Preliminary results indicate that NHs with lower than expected mortality outcomes have a greater proportion of residents who use antidepressants (23% vs 16%, p<.05) and have a smaller ratio of residents to nursing staff (4.1 vs 6.3, p<.10). NHs with higher than expected mortality outcomes have more residents with feeding tubes (8% vs 5%, p<.001) and more African American residents (31% vs 18%, p<.05). **CONCLUSIONS** Contextual factors, apart from resident-level characteristics, appear to influence mortality differentials among NHs. Comparisons of this type, incorporating both resident-level and institutional characteristics, may assist policy makers in identifying opportunities for intervention.

NURSING HOME SOCIAL SERVICES: SOCIAL WORKERS' PREDICTIONS AND RECOMMENDATIONS FOR THE FUTURE

Patricia J. Kolb, PhD, Lehman College, CUNY

This paper presents social workers' responses in a study of social services in nursing homes, and the information presented included answers to questions about social workers' predictions about the future of social services in nursing homes; their feelings about these; and recommendations for social work staff in nursing homes. Data is from a nationwide survey in which questionnaires were mailed to social work administrators in a stratified sample of 607 nursing homes and 298 were returned.

There was a broad range of Social workers' responses included predictions of their work being considered more important as more people were admitted for short stays, more paperwork and tasks assisting other departments, more counseling of families, and more case management. Feelings included tiredness but willingness to continue the work, and frustration.

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HOW DO DEFINITIONS OF RETIREMENT VARY BY GENDER AND ETHNICITY?

M.K. Jedrzejewski, Institute on Aging, University of Pennsylvania, 3615 Chestnut Street, Philadelphia, PA 19104-6006.

Retirement is commonly conceptualized or defined in the literature as a point in time when one stops working and/or begins to collect Social Security benefits. Retirement of many women and minorities does not fit this narrow definition. This mail survey pilot study examined the ways in which definitions of retirement vary by gender and ethnicity. Socioeconomic factors were also examined. Based on a review of the existing literature, a survey was developed. It was further refined after conducting focus groups, made up of individuals from the four groups which were studied: African-American women, African-American men, Caucasian women and Caucasian men. Following pretesting, the survey was mailed to a random sample drawn from the membership database for Penn Partners in Healthy Living PassCard, a membership program for individuals age 50 and older, with 81,000 members. Total sample size was 1,600, with 400 individuals, age 55 and older, randomly selected from each of the four groups noted above. Usable response rate was 33.4% (N=535). Approximately 51% of respondents are women; 37.7% are African Americans. Preliminary analysis indicates that individuals who say they are retired do not necessarily fit traditional definitions of retirement. Of the 535 respondents, 72.3% say they are no longer working, 70.8% report receiving Social Security benefits, 71.3% are age 65 and older. Yet 76.4% said they were currently retired. Of those who said they were retired, 11.7% are still working for pay and 12.6% said they were not receiving Social Security benefits. This study is a step towards reconceptualizing retirement to include those who do not fit traditional patterns and definitions. Redefining or reconceptualizing retirement is important to ensure that all variations of retirees are included in future retirement research and policy.

THE WELL-BEING OF AGE-62 RETIRED WORKER BENEFICIARIES: IMPLICATIONS FOR CHANGING RETIREMENT AGE POLICIES

E. R. Kingson, School of Social Work, Syracuse University, Syracuse, NY, 13244; Y.M. Arsenault, Syracuse University, Center for Policy Research.

While early receipt of Social Security benefits is not generally associated with adverse retirement circumstances, some early retired worker beneficiaries are at risk. This study identifies age-62 Social Security retired worker beneficiaries at economic risk, giving special attention to race, ethnicity, gender and class. The study uses data from waves 1, 2 and 3 of the Health and Retirement Survey (HRS). The sample (n=1519) is representative of persons who are at least age 63 in 1996 and eligible to receive retired-worker benefits during their 62nd year. Disability beneficiaries were not interviewed in 1996 are excluded. The sample is further divided into persons first accepting retired worker benefits at age 62 (n=504) and those who postpone receipt past age 62 (n=1015). Preliminary analysis indicates that, in the aggregate, relatively few differences exist between "acceptors" and "postponers" with regard to most demographic characteristics, health-related work limitations, income, poverty, wealth and most employment characteristics. Differences exist with respect to health insurance coverage in 1991. Within the "acceptor" and "postponer" subsamples, much variation of circumstances exists, especially with regard to gender, race/ethnicity and health status. This paper will also present alternative estimates of the extent to which age-62 "acceptors" experience significant risks (e.g., absence of health insurance, poverty), and present findings about the extent to which variables that drive the decision to accept reduced early retirement benefits at age 62 differ by minority/non-minority populations, gender and educational status. The findings provide a basis for drawing inferences about how changes in early and normal retirement age policies may effect at-risk early retirees. The findings also suggest that consideration should be given to lowering the age of eligibility for Supplemental Security Income (SSI) benefits.

ECONOMIC CLASS AND REDISTRIBTUION OF INCOME THROUGH SPOUSAL BENEFITS UNDER SOCIAL SECURITY.

M. N. Ozawa and B. E. Hong, Ozawa, George Warren Brown School of Social work, Washington University, St. Louis, MO 63130-4899. As the public debates on social security reform, spousal benefits are increasingly scrutinized as a possible cost-cutting measure. We inject the economic class issue to analyze the direction of income redistribution through this provision. In particular, we investigated (1) the probabilities of low-wage couples versus high-wage couples receiving full spousal benefits, partial spousal benefits, and no spousal benefits, (2) the amount of spousal benefits that each category in each quintile of beneficiary couples receive, and (3) the spousal benefits received by these categories in each quintile that are expressed as the proportion of couples' combined benefits. The major findings were: (1) that the probabilities of receiving full or partial spousal benefits were higher for high-wage couples than for low-wage couples, (2) that the amount of spousal benefits--full or partial--is larger for high-wage couples than for low-wage couples, and (3) expressed as the percentage of the combined benefits of married couples, spousal benefits constituted a larger proportion for high-wage couples than for low-wage couples. Based on these findings, we conclude that the direction of income redistribution through spousal benefits is contrary to the social adequacy principle and recommend the substitution of the current system with a double-dicker system of social security. The data source is the NBDS.

FACTORS CONTRIBUTING TO OLDER DISLOCATED WORKER PLACEMENT.

B. McIntosh & N.L. Danigelis, Center for the Study of Aging, University of Vermont, Burlington, VT 05405.

Among a sample of 180 older dislocated workers aged 51-60, those who found employment after participating in a Vermont demonstration employment and training program were significantly different from those not finding employment on 3 dimensions. Analysis of Variance (ANOVA) chi-square results showed differences in the ***Mechanisms Used in the Job Search Process***. Those employed were significantly more likely to use the older worker employment specialist and computer on-line job postings ($p<.05$) and to use Department of Employment and Training job referrals, skill assessments, and to attend workshops ($p<.10$). Successful job seekers also had more positive ***Attitudes About Work.*** They reported that paid work kept them from feeling alone, made them feel worthwhile, and provided them with enough money to live ($p<.05$). In terms of ***Physical Ability***, those finding employment had fewer physical restrictions such as trouble lifting weights over 10 lbs and picking up a dime ($p<.05$). Future research and public policy discussions need to integrate more diverse dimensions in predicting labor market reentry success for older workers.

INVOLUNTARY JOB LOSS AND SPOUSAL MENTAL HEALTH

Michele Siegel, E. Bradley, W. Gallo, S. Kasl,
Department of Epidemiology and Public Health, Yale University, 60 College Street, New Haven, CT, 06520.

Involuntary job loss may affect not only the worker, but also his spouse. The literature suggests that a husband's layoff may affect his wife's mental health through its impact on family economic well being, or alternatively, that its effect is primarily indirect, mediated by its impact on the mental health of the displaced worker. We explore this using the 1992 and 1994 waves of the Health and Retirement Survey, a longitudinal data set of individuals born between 1931 and 1941 and their spouses. We restrict our sample to couples that remain married for these first two waves. In wave 1, husbands must be employed for at least three years, working full-time but not self-employed. Men are deemed displaced if they lost this job between surveys because the business closed or they were laid off; they are compared to husbands who continued to work for their wave 1employer. With mental health measured by the eight available items of the Center for Epidemiologic Studies-Depression Scale, our results indicate that husband's job loss has an adverse effect on older wives; its effect is also mediated through its impact on husband's mental health. Our results suggest that mental health services for displaced workers should also be provided to their spouses.

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ACCESS TO MEDICARE HOME HEALTH CARE IN THE WAKE OF THE BALANCED BUDGET ACT

J.K. Davitt, Graduate School of Social Work & Social Research, Bryn Mawr College, 300 Airdale Rd., Bryn Mawr, PA 19010

Implementation of the Interim Payment System has generated concerns regarding access to Medicare home health care since the policy dramatically limits reimbursement to home health agencies. The purpose of the present study was to determine whether certain types of patients are experiencing reductions in access to care or in service receipt including: 1) not being admitted to home health services; 2) being discharged early; 3) receiving less services; or 4) receiving less expensive services. The study utilized data from the Medicare Current Beneficiary Survey (MCBS) Access to Care, Public Use File, HCFA claims files, and the Provider of Services Extract File for 1996 and 1998. Initial results show that fewer patients received home health care in 1998; home health care users also received fewer services. Average visits per patient dropped from 74 in 1996 to 37 in 1998. African American beneficiaries had the greatest decrease in average visits and average cost per patient. Multivariate models will be reported along with their policy implications.

IMPROVING EFFICIENCY IN A MANAGED CARE SETTING THROUGH COMMUNITY OUTREACH

D. Martin, D. Warfel, M. Ferrero, D. Anderson,
Coventry Health Care, Bethesda, MD
C. Cannusio, Merck & Co. Outcomes Research Division

Medicare Managed Care Programs must do three things well to survive: (1) Achieve high member satisfaction, (2) continuously improve quality, and (3) control costs in ways that do not affect outcome. Senior Life Management was established to test if enhanced community outreach could meet these goals. A new position, personal service representative (PSR), was created. The PSR makes quarterly outbound phone calls to about 400 members and administers a structured interview probing for significant changes in health or psychosocial status. Teams of 2 to 3 PSR's are managed by an RN who also functions as a complex case manager. Underlying this program is a sophisticated information system providing "just in time" clinical information. The system enables faxing of tasks among professionals, flagging of members for complex case mangement through clinical "triggers," and auto-faxing physicians for problematic medication usage based on criteria. (Beers, M. Arch Intern Med 157:1531-6)

To test the system, 8,400 Medicare + Choice enrollees were randomized by zip code into "usual care" v "enhanced service" groups. Preliminary data are encouraging. Data from 1st quarter 2000 for intervention v control: (bed days/1000: 1465 v 1455) (admissions: 319 v 264) length of stay (4.7 v 5.7). Disenrollment for the experimental group was 63% that of control group.

STATE PRACTICES IN PROVIDING HEALTH AND LONG-TERM CARE TO DUALLY ELIGIBLE PERSONS

Shahla Mehdizadeh, Scripps Gerontology Center, Miami University, Oxford, Ohio 45056.

The dual-eligible population consists of low income Medicare beneficiaries who are also aged, blind and/or disabled, and therefore eligible for Medicaid. Congress, concerned with the high cost of health care for this population, enacted provisions that cumulatively mandate state Medicaid programs to assist different categories of low-income Medicare beneficiaries with their Medicare Part A and/or Part B premiums. However there are major philosophical differences in these two programs.

This study: 1) examines how various states verify the enrollment of dually eligible clients in Medicare Managed Care plans, and how their Medicaid programs have adopted procedures to deal with the impact of dual-eligible client's enrollment in these plans; 2) studies initiatives in place in selected states; and 3) suggests ways that Ohio could provide coordinated care to this population.

We found that the majority of states do not allow dual-eligible persons to enroll in a Medicare and a Medicaid managed care plan. About a third of the states in the study verify Medicare managed care plan enrollments and charges. States that experimented with providing integrated care to their dual-eligible population spoke of the lengthy waiver approval process. The challenges of initiating an integrated care delivery system is discussed and the planning process is outlined.

Influencing Physician Behavior: Does Medicare Status Hinder or Help?

Brian S. Armour, Kerr L. White Institute, 315 West Ponce de Leon Ave. Suite 321, Decatur, GA 30303, M. Melinda Pitts, and Jeff Etchason.

By 2007, total U.S. health expenditures are estimated to be as high as $2.1 trillion, with prescription drugs accounting for 8% of these costs, up from 6.5% in 1998. Physician feedback that improves prescribing decisions may be one way to reduce the projected growth in prescription drug costs. Health Options Incorporated (HOI), an HMO, provides some of its primary care physicians a quarterly report that describes their prescribing behavior with a goal of encouraging cost-effective behavior. Physicians who have more than 50 of their patients covered by HOI's medicare plan were among those receiving the report. The objective of this study is to determine if this simple feedback is effective in reducing the physician's average prescription cost per eligible members and if the effectiveness depends upon the distribution of the physician's patients between the commercial and the medicare plans. The data include information for the third calendar quarter of 1998 for HOI.

and contains information on 2,574 physicians who proffered 1,688,841 prescriptions for 239,371 patients. The results from OLS estimation indicate that when a physician has more than 78 HMO eligible members the report is effective in lowering costs. Preliminary results indicate that while the simple feedback provided by HOI leads to quarterly cost savings of approximately six million dollars, the cost savings was a result of the changes made in the prescribing behavior for commercial patients, not the medicare population.

INCREASING THE FINANCIAL RISK OF MEDICARE BENEFICIARIES FOR DRUG COSTS

Jerry H. Gurwitz, S. Andrade, J. Cernieux, Meyers Primary Care Institute, Worcester, MA 01608.

Many HMOs have increased the personal financial risk of Medicare beneficiaries for drug costs. On 1/1/94, beneficiaries enrolled in the Fallon Community Health Plan were provided with 3 drug benefit options: (1) full drug coverage (monthly premium $72.50); $1000 maximum drug coverage (premium $39.16); and no drug coverage (no premium). All beneficiaries had full drug coverage before 1/1/94. Of 14,762 seniors, 64% voluntarily selected full drug coverage, 28% $1000 maximum coverage, and 8% no drug coverage. 27% of individuals selecting full drug coverage reached or exceeded $1000 in drug expenditures over a one-year follow-up period, compared with 9% of those selecting $1000 maximum coverage, and <1% of those with no drug coverage. Only 2% of persons with the $1000 maximum benefit reached or exceeded $1500 in drug expenditures, and only 1 person in the no drug coverage group attained this level. Few persons selecting less than full drug coverage accumulated catastrophic levels of drug costs. Yet, extrapolating this experience across the U.S. Medicare HMO population would translate into a large population at individual risk for high drug costs, despite the availability of a drug benefit plan.

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INTERGENERATIONAL COOPERATION: GLOBAL PUBLIC POLICY IN THE 21^{ST} CENTURY

D. Burdick, Gerontology Program, Richard Stockton College of NJ, Pomona, New Jersey 08240

PARTICIPANTS

S. Wisensale, (University of Connecticut, Storrs, CT 06269)

World Population Aging and the Generational Equity Issue in Developed and Developing Countries

R. Friedland, (National Academy on an Aging Society, Washington, DC 20005) A US perspective on demographic aging and globalization

P. Gaston, (Bell Atlantic Corporation, Washington, DC 20005) Changing Demographics: The Corporate Policy Response to an Aging Population

J. Rother, (AARP, Washington, DC 20049) Efforts of Advocacy Groups to Strengthen the Social Compact.

D. Butts, (Generations United, Washington, DC 20001)

Developing a Framework and Mobilizing Stakeholders in Support of Intergenerational Public Policy

DISCUSSANT

T. Smeeding, (Syracuse University, Syracuse, NY)

Changing demographics and global aging have led researchers, policy makers, corporate leaders and educators to expand their thinking about meeting the needs and tapping the resources of multiple generations through private and public policies. This symposium will present new policy, practice and tasks ahead from three perspectives: 1. International Public Policy Issues – In 1999, the United Nations convened an inter-regional expert group meeting on developing a framework for policies for a society for all ages. The resulting framework focuses on investment across the life span by three sectors (public, private, nongovernmental organizations) in four capitals (human, social and cultural, environmental, economic).
2. Corporate Policy – Corporations are faced with employees juggling multiple generation caregiving, early retirement leading to a new "brain drain" and younger workers with high workplace expectations. How are changing demographics affecting the workplace and workplace policy? 3. Current and Future National Policy – Advocates for children, youth and the elderly have joined forces to re-frame outdated debates of intergenerational warfare to design policies that meet the needs of all generations.

AGHE/GSA Public Policy

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LONG TERM CARE POLICY PLANNING AT THE STATE LEVEL: WHERE THE RUBBER MEETS THE ROAD

E. Bruce, Gerontology Institute, UMass Boston, 100 Morrissey Blvd., Boston, MA 02125.

PARTICIPANTS:

E. Bruce & D. Schulman-Green (Gerontology Institute, UMass Boston, Boston, MA 02125) Massachusetts Long-Term Care Planning Task Force

C. Fahey (The Third Age Center, Fordham University, Bronx, New York, 10458) Developing a Public Agenda for Long-Term Care

J. M. Wiener (Urban Institute, Washington, DC 20037) Strategies for Long-Term Care Reform in 13 States

The projected increase in the elderly population caused by the aging of the baby boom generation is expected to place increased demands on states' long-term care financing and delivery systems. Some states have begun a planning process to prepare their state. This symposium will explore the issues states must grapple with and the barriers they face in planning for the future. The panel will look at how current long-term care policies are being modified in the thirteen states studied as part of the Urban Institute's *Assessing the New Federalism.* We will also examine the experience of states that have initiated a long-term planning process. The financial, structural, social and ethical issues which need to be considered in a planning process as well as the political context will be discussed.

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The Personals

One (35 minute)/color videotap/1998
Produced by Keiko Ibi

This outstanding video offers an extraordinary look at the emotional lives of elderly Americans. On stage, a drama group of seniors perform their roles with energy and laughter. Off stage, their lives are often lived alone, and in silence. **The Personals** follows a group of senior citizens as they rehearse and present an original play at a community theater on Manhattan's Lower East Side. Drawn from the comedy and drama on their own lives, the play is structured around their quest for dates through the personal ads. As the rehearsals progress, the filmmaker's camera follows the individual members of the group into their homes, as it explores both the joys and the sorrows of growing old in America. With the never-ending longing for love, sex, and relationships as its central theme, **The Personals** draws a surprisingly humorous and in-depth portrait of a segment of our society whose inner lives are not often explored.

Winner of the 1999 Short Documentary Academy Award

Contact: James Vanden Bosch, Terra Nova Films
9848 S. Winchester Ave., Chicago, IL 60643
800.779.8491 FAX 773.881.3368
e-mail jvb@terranova.org

Daughter of the Bride

One (29 minute)/color videotape/1997
This film was actually made by the daughter of the bride. Terri Randall's mother, a widow, decides to remarry. Terri and her siblings must come to terms with their mother's decision. Through interviews with her mother, her mother's fiance, and other family members, Ms. Randall documents her mother's earlier life, widowhood, and new relationship. The narrative is interwoven with film of ongoing events associated with the wedding.

This is a humorous, insightful, loving look at what happens in a family with adult children when an older parent decides to go on living.

Contact: James Vanden Bosch
Terra Nova Films
9848 S. Winchester Ave.,
Chicago, IL 60643
800.779.8491: FAX 773.881-3368
e-mail jvb@terranova.org

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THE POLITICS OF HUMANITIES, ARTS AND AGING: PUBLIC POLICY MEETS GERONTOLOGY
T Wintermute, Hannan Foundation, 4750 Woodward Ave., Detroit, MI 48201
PARTICIPANTS:
R Ray (Department of English, Wayne State University, 51 W. Warren, Detroit, MI 48202)
T R Cole (Institute for the Medical Humanities, University of Texas Medical Branch, Galveston, TX 77555-1311)
J Katz (National Assembly of States Arts Agencies, 1029 Vermont Ave., NW, Washington, DC 20005)
Staff person from the National Endowment for the Humanities - invited- (NEH, 1100 Pennsylvania Ave., NW, Washington, DC 20506)

A significant number of older adults support and participate in the humanities and arts. The numbers will grow as the population ages. As readers and writers, painters and musicians, members of the audience and members of the board, patrons and benefactors, taxpayers and voters, older citizens are a major force in the arts and humanities. Despite the apparent high level of participation and influence older adults have in humanities and the arts there has been relatively little discussion regarding what the implications of this phenomena might be for both public policy and gerontology. What is the impact of public policy in this area on older adults and what should it be? To what degree should gerontology take into account the impact that older adults have on public policy in this sector and vice versa? This symposium will provide a forum for questions such as this to be discussed. Using a "talk show" type format, participants from the humanities and arts public policy sector will engage in a dialogue with practitioners, researchers and educators in the field of gerontology. This session is sponsored by the Humanities and Arts Committee.

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BRINGING RESEARCH TO THE EDUCATION OF THE PUBLIC THROUGH EDUCATIONAL POLICY INITIATIVES
R. Lucchino, Institute of Gerontology, Utica College, Utica, NY 13502
PARTICIPANTS
R. Lucchino (Utica College, Utica, NY) Policy change for infusion of aging K-12

S. Griffin (National Council for the Social Studies, Washington, DC 20016-3167) Strategic plan for infusion of aging within NCSS national standards

W. Carley (National Association of Biology Teachers, Reston, VA 22090) Infusion of aging content into the NABT national standards.

B. Smith, (American Association of Health Educators, Reston, VA 20191) Strategic plan for infusion of aging within AAHE national standards

DISCUSSANT:

W. Lane (SUNY at Cortland, Cortland, NY 13045)

To prepare the youth of today for tomorrow's "Graying of Society", realistic attitudes concerning aging must be develop during their formative years through the educational system. Concerns have been raised that today's youth are not prepared to understanding their own aging, that of their parents, nor society with possible negative ramifications. The need to infuse knowledge, awareness and realistic attitudes about aging into the K-12th grade curricula nationally is a critical. Current efforts to influence the K-12 curricula falls short because there is a lack of a cohesive policy for sustaining change due, in part, to no involvement of established networks for national dissemination. The national educational associations could provide this network. In July of 1999, a 10-day conference was held with representatives from three national educational associations, NABT, NCSS, and the NAHE. The outcome were policies for a sustaining capacity for infusion of aging content within the three national associations that would provide for, dissemination of aging content, resources on aging,
in-service training to prepare teachers to teach aging. The results of this conference as well as the post conference activities of the three associations will be presented at this symposium

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Novel models for investigation of longevity determination

April M. Handy, Laboratory of Neurosciences, NIA, NIH; R.O.W. Sciences, NIH Animal Center, 16701 Elmer School Road, Building 103, Room 1B06, Poolesville, MD 20837

Veronika Stoka, The Buck Center for Research in Aging, 8001 Redwood Blvd., P.O. Box 638, Novato, CA, 94945-0638

Participants:

Steven N. Austad, (University of Idaho, Department of Biological Sciences, Moscow, ID 83844) Search for small: body size, longevity and their role in aging research

Mark A. Lane, (Laboratory of Neurosciences, NIA, NIH, Baltimore, MD 21224) Caloric restriction mimetics

Andrzej Bartke, (Southern Illinois University, Dept. of Physiology, Carbondale, Il 62901) Prolonged longevity of dwarf mice and growth hormone-resistant knock-out mice

Possible mechanisms of longevity have been primarily investigated by examining nutritional interventions, such as CR, in mammals or by genetic manipulations of lifespan in invertebrates. These models have provided evidence that marked lifespan extension is possible, however, the underlying mechanism is still unknown.

This symposium will explore several novel experimental approaches and models for investigation of longevity enhancement as well as possible mechanisms.

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LONGEVITY ASSURANCE GENES AND LIFE SPAN DETERMINATION.

S. M. Jazwinski (Dept. of Biochemistry & Molecular Biology, Louisiana State University Health Sciences Center, New Orleans, LA 70112)

PARTICIPANTS:

M. Jazwinski (Louisiana State University Health Sciences Center). Metabolic Control and Aging.

M. Driscoll (Rutgers University). A molecular link between protein synthesis rates, caloric restriction, and lifespan extension.

L. Partridge (University College London). Insulin Signalling and Aging in *Drosophila*.

K. Hubbard (City College of New York). Modulation of Gene Expression by RNA Binding Proteins: Implications for Replicative Senescence and Immoralization.

J. Papaconstantinou, C.-C. Hsieh, J.H. DeFord, K. Flurkey, & D. E. Harrison (University of Texas Medical Branch – Galveston & The Jackson Laboratory). Is Longevity of the Snell Dwarf Mouse a Paradigm of the *C. elegans* Model?

The past five years have seen an acceleration in the pace of genetic research on aging leading to the discovery of some thirty longevity assurance genes, that play a role in life span determination. The physiological processes that these genes support fall into a few broad categories: metabolic control, stress resistance, gene regulation, and genetic stability. The proteins that these genes specify include typical signal transduction proteins, enzymes of DNA metabolism, trascriptional regulators, proteins involved in protein trafficking, cell cycle regulatory proteins, and antioxidant enzymes. Several important questions that must now be answered concern the manner in which life span is affect by these genes. This symposium will take stock of recent progress in the understanding of longevity assurance genes.

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URBAN-RURAL DIFFERENCES IN AMITRIPTYLINE USE IN NURSING FACILITIES

S. Rigler, D. Wallace, S. Studenski, L. Redford, E. Brown, M. Webb, Center on Aging, University of Kansas Medical Center, Kansas City, Kansas, 66160.

Amitriptyline (AMIT), a tricyclic antidepressant with strong anticholinergic effects, is considered generally inappropriate for older adults. The purpose of this study was to characterize patterns of AMIT use across the urban-rural continuum in Kansas nursing facilities. The Minimum Data Set (Plus and 2.0 versions) provided data on AMIT and other antidepressant use, as well as relevant demographic and clinical factors. Facility location by county was grouped into urban, densely-settled rural, rural and frontier categories. AMIT use from 1992-1998 was examined among 1) incident antidepressant users, and 2) all facility residents. Cochran-Mantel-Haenszel Chi-square statistics were used to examine trends in AMIT use across the 4 urban-rural strata by year. A logistic regression model was used to test for an effect gradient for urban-rural location, adjusting for year, age, gender, depression and dementia, while also accounting for potential correlation among observations within the same facility. Results demonstrated that: 1) AMIT use declined in all strata over time as a % of all new antidepressant use, but a gradient was noted for increasing AMIT use from urban to rural areas, with highly significant urban-rural and time effects ($p<0.0001$ for both); 2) Among all residents, incident and prevalent AMIT use fell each year; similarly significant urban-rural gradients and time effects were seen in all analyses. We conclude that, despite reassuring declines in AMIT use over time, overall AMIT prescribing patterns are less favorable in rural nursing facilities than in urban ones.

APPLICATION OF THE AHCPR URINARY INCONTINENCE (UI) GUIDELINE IN NURSING HOMES IN THE THREE MONTHS FOLLOWING ONSET

N.M. Watson, C.A Brink, J.G. Zimmer, R. Mayer, & E.R.Taillie School of Nursing, Univ of Rochester, Rochester, NY 14642.

Incidence of new UI was identified prospectively in 52 nursing homes (7,458 beds). 3.8 cases of new UI per 100 beds occurred over 3 mos that warranted Guideline use - including those newly admitted. Of the initial sample (n=135), only 28% received a rectal exam, but 50% had a urinalysis (UA), & 66% had a timely urine for C&S following a positive UA or UTI symptoms. Of those with the capacity to be tested, only 22% had a post-void residual and 14% of able women had a stress cough test. Considering potential reversible causes -- of those with impactions 80% were treated within 24 hrs, of those with UTIs 95% were treated within 72 hrs, and of those with mobility limitations 98% were addressed within 12 weeks. None qualified for treatment of uncomplicated presumed stress/urge/mixed UI, due to lack of basic UI work-up following new UI. UI drugs, bladder training, & estrogen when appropriate were rarely used. Outcomes at 12 weeks showed limited effectiveness -- only 4% were cured (n=6): 3 due to reversible causes (UTI, mobility, medication), 3 due to toileting plan.

PREDICTORS OF DEMENTIA UNIT LENGTHS OF STAY

G. Kochersberger, VA Medical Center, Canandaigua, NY; Department of Medicine, University of Rochester, Rochester, NY 14620

Special nursing home programs, which include units accommodating wandering behaviors, have become a staple in dementia care. A study was conducted to examine predictors of length of stay (LOS) among a cohort of nursing home residents admitted to such units. 107 patients admitted to VA (60) and Community (47) dementia care units were studied retrospectively through medical record review. Loss of ambulation, leading to discharge to another level of care, was the defined LOS end-point. LOS varied from 53 to over 3000 days. An examination of possible predictive variables included:

Admission Variable	χ^2	p
Comorbidity	4.84	.028
Physical aggression	3.57	.058
Disruptive vocalization	3.88	.048
Number of medications	3.21	.073
Type of dementia	1.30	.253
Body Mass Index	0.79	.779

In univariate analysis of patient specific factors present at admission, comorbid condition and history of aggressive behaviors all appear to be associated with shorter LOS. Other factors, including the type of dementia and nutritional status did not appear to be associated. Predicting dementia unit lengths of stay maybe helpful in care planning for both facilities and families.

Assessment of Agitated Behaviors in Elderly Nursing Home Residents by Nurses versus Nursing Assistants

M. Lantz, A. Likourezos & E. Schulman

The Jewish Home & Hospital for Aged, 120 West 106th Street, New York, NY 10025

Behavioral disturbances are common among elderly nursing home residents with dementia, with a great deal of staff time, effort and resources devoted to these distressing symptoms. Nursing staff are most relied upon to assess agitation, but may vary by training and job duties in perception of specific behaviors.

A 514-bed academic nursing administered the Cohen Mansfield Agitation Inventory (CMAI), using the CNA and RN to perform tandem, independent assessments. The level of agitation was high (mean CMAI=64), with 75% of residents displaying 4 or more disruptive behaviors several times per week (N=187, mean MMSE=10). Agreement between CNA and RN was greatest for physically non-aggressive behaviors including wandering, pacing and restlessness (Kappa=.537). CNAs were more likely to report aggression that occurs during the delivery of personal care, while RNs were more likely to report behaviors which disrupt the environment. Agitated behaviors occurred more frequently in residents who required greater assistance with ADL ($p<.05$).

Agitation is perceived and assessed uniquely by different levels of staff. This has important implications for treatment strategies, and the integration of behavioral management into the routine of daily care.

PAIN ASSESSMENT OF NURSING HOME RESIDENTS WITH DEMENTIA: THE FIRST STEP FOR APPROPRIATE TREATMENT OF PAIN.

P. Manfredi, B. Breuer, L. Libow

The Jewish Home & Hospital, NYC 10025

Although pain is common in nursing homes, with a prevalence 45-80%, it is a new research area, and the dearth of studies is disturbing. While pain can only be treated if it is recognized, a large proportion of nursing home residents have dementia, and cannot communicate that they are having pain. Therefore, our goals for this study were to determine the reliability and validity of facial cues for the assessment of pain in this particular nursing home population. Part I of this study focused on communicative nursing home residents, and showed that dressing changes are almost always painful if they are for large, draining, stage 3 or 4 decubitus ulcers in residents who have no conditions associated with pain desensitization. In Phase II we videotaped the facial expressions of 10 residents with dementia before and during dressing changes of decubitus ulcers. As they met the above criteria, these dressing changes were deemed to be painful. In the final phase of the study a group of 18 medical students and nurses rated these videotapes by indicating whether they thought the taped resident was experiencing pain. The order of the segments were randomized with respect to the time of the dressing; i.e., prior or during the change. The ratings showed that pain evaluations based on facial expressions have a high degree of reliability and validity.

A LONGITUDINAL STUDY OF ABSENTEEISM IN NURSING: POLICY RECOMMENDATIONS

Nancy J. Martin, Director, Clinical Research and Evaluation, Grand River Hospital, P.O. Box 9056, Kitchener, Ontario, N2G 1G3, nancy_martin@grhosp.on.ca, Deb E. Raney, Research Analyst, deb_raney@grhosp.on.ca.

Statistics Canada (1998) reports that nurses lose an average of 9.6 days per year, one of the highest absenteeism rates of all Canadian workers. Thus, longitudinal data (1992-1999) were analyzed in order to develop effective policy decisions regarding absenteeism of nursing staff in a chronic care hospital. Three validated measures of absenteeism were used including time lost, short-term absenteeism and frequency. It was found that approximately 10% of staff accounted for 45% of time lost. In contrast to commonly held beliefs, eliminating this 10% would not reduce absenteeism costs as these individuals generally changed from year to year. In comparison, those individuals experiencing the highest short-term absent episodes remained much more constant over time. While evidence supports an inverse association between absenteeism and education level, significantly higher levels of absenteeism were found for staff re-classified into a less skilled position. Higher rates of absenteeism were also associated with significant organizational structure change, while interventions such as aggressive attendance management resulted in decreased rates. This study provides important policy direction for healthcare administrators in absenteeism management and reorganization efforts.

THE USE OF CLINICAL "CHOICE POINTS" IN SHAPING END-OF-LIFE CARE FOR PATIENTS WITH ADVANCED DEMENTIA.

K Murphy*, P Hanrahan†, GW Hougham†, DJ Luchins †, S Johnson*, GA Sachs†, for the PEACE Collaboration (**P**alliative **E**xcellence in **A**lzheimer **C**are **E**fforts).
*Hospice of Michigan, 16250 Northland Drive, Southfield, MI 48075; †University of Chicago.

Many clinical events occur during advanced dementia in which unclear goals of care precipitate undesirable and aggressive interventions. This adversely affects quality of life as defined by patients (pts) and family. The PEACE initiative is developing a care management model that attempts to more closely align medical interventions with the goals of care. Methods: Nursing home staff contacted the PEACE team if important clinical events, or "choice points," occurred in enrolled pts with an advanced dementia, such as agitation, change in mental status, and fever. PEACE team staff reviewed orders at each choice point and made recommendations to more closely align interventions with goals. Preliminary Results. To date, 26 pts were followed over one year in two nursing homes; 64 choice points were triaged. The most common were: cough (12), agitation (12), falls (10) and polypharmacy (9). Positive outcomes of PEACE interventions included, for example, avoiding 3 inappropriate hospitalizations and discontinuing 34 inappropriate medications. The PEACE team also provided support and training for staff and families on making palliative care decisions.

PRESCRIBING PATTERNS AND TREATMENT OUTCOMES IN NURSING HOME RESIDENTS WITH AGITATION ASSOCIATED WITH DEMENTIA.

Susan D. Horn, S.J. Bartels, J. Jones, G. Taler, E. Flaherty, M. Monane, R.J. Smout. ICOR, 2681 Parleys Way, Salt Lake City, UT 84109

Despite the difficulty and high costs of managing these patients, real-world outcomes studies identifying optimal pharmacotherapy have not been performed. Effectiveness of psychiatric drugs, used alone or in combination, on clinical outcomes and service use was assessed in 803 residents with agitation and dementia from 109 facilities, using retrospective data from the National Pressure Ulcer Long Term Care Study. Outcomes included hospitalizations, emergency visits, continence level, use of restraints, development of pressure ulcers, and death. Thirty-two percent of these residents received no psychiatric drugs. For the 68% receiving psychiatric drugs, there was no consistent therapeutic approach: about 1/3 received each of antipsychotics, antidepressants, and antianxiety agents. Therapeutic approach was not correlated with severity of illness. Controlling for severity, use of antianxiety agents alone or together with antidepressants or antipsychotics was associated with better outcomes. Use of antipsychotics or antidepressants alone or together or use of no psychiatric drugs was associated with poorer outcomes. Adjusted for severity, outcomes of a treatment often differed in the presence of specific coexisting medical conditions. Implications include: prescribing for agitation associated with dementia should be individualized; drug combinations may be more effective than single agents; optimal prescribing requires drug benefits with adequate breadth of coverage.

HEALTH DISPARITIES AMONG BLACK NURSING HOME RESIDENTS

V.F. Engle & M.J. Graney
The University of Tennessee Health Science Center, Memphis, TN 38163

Increasing numbers of Black older adults are admitted to nursing homes, but little is known about their health status disparities. This study described Black nursing home residents' health status, and identified gender differences in admission health status. 278 Black residents (M = 65.2 years; 38% female) were assessed as admitted sequentially to two safety net nursing homes by trained interviewers using the MDS. Parametric and nonparametric analyses verified significant gender differences in ADLs (MDS ADL Long Form Scale, p<.03), with women more impaired than men in lower extremity ADLs (mobility on/off unit, p<.05; transferring, p< .03) and toileting (p<.01). Most women required extensive ADL assistance. There were also significant gender differences for bladder continence (p<.01), with women more impaired and occasionally to frequently incontinent. There were no significant gender differences for depression (MDS-Depression Rating Scale), mental status (MDS-COGS Scale), or disruptive behaviors. Conclusion: Where gender disparities in health status exist, women were consistently more impaired. Greater incontinence may be consequent to impaired mobility and toileting ADLs. Safety net nursing homes admit substantially more Black men than Black women. Funded by NIH NINR.

PERSISTENCE OF BLACK NURSING HOME RESIDENTS' HEALTH STATUS DISPARITIES

M.J. Graney & V.F. Engle
The University of Tennessee Health Science Center, Memphis, TN 38163

Previous research has documented that Black women have poorer health status than Black men on nursing home admission, and Black women have health status stability rather than improvement during the first 2 weeks following admission. The purpose of this study was to describe and compare the health status stability of Black men and women over a longer, 3-month, period of time. 140 Black residents (M = 66.9 years; 39% female) were assessed by trained interviewers as admitted sequentially to two safety net nursing homes and at 3 months using the MDS. There were significant differences using RMANOVA in eight of 11 ADLs, one of two continence items (bladder), and the MDS ADL-Long Form Scale (all p<.04), with women consistently more impaired than men during 3 months. Women were also more impaired than men for mental status (MDS-COGS Scale, p<.02), but not for depression (MDS-DRS) or disruptive behaviors (4 MDS items). Conclusion: Safety net nursing homes admit disproportionately large numbers of Black men compared to Black women. During the first 3 months, Black men admitted to nursing homes are more functionally and cognitively able than Black women admitted to nursing homes. Funded by NIH NINR.

RESTORATIVE CARE PROGRAM: NURSING HOME RESIDENTS' SELF-PERFORMANCE AND STAFF ASSISTANCE NEEDED TO COMPLETE ADLS

R.E.Remsburg, K.A.Armacost, C. Radu, R.G. Bennett, Division of Geriatric Medicine & Gerontology, Johns Hopkins School of Medicine, Balt., MD 21224

Excessive disability is often attributed to nursing assistants (NA) who provide inappropriate assistance with activities of daily living (ADLs).

The purpose of the study was to determine if a restorative program could improve residents' ADL self-performance and decrease staff assistance with ADLs. One NA trained in restorative techniques worked with residents individually (15 minutes/day, 5 days/week) for 6 months. Baseline, 3 and 6 month MDS scores were obtained.

Thirty-eight residents participated. ADL self-performance and support provided did not change significantly. While restorative activities were faithfully executed, improvements in function and reductions in staff assistance did not occur.

Daily restorative treatments may not be adequate. All NAs may need to participate for restorative care to be effective.

COMFORT NEEDS OF PERSONS WITH AIDS IN THE NURSING HOME

C.H. Talley, V.F. Engle, E.J. Fox-Hill, M.J. Graney, The University of Tennessee Health Sciences Center, Memphis, TN 38103

Up to 30% of persons with AIDS (PWAs) may require nursing home care; they have frequent infections, AIDS dementia with often violent behavior, and a rapid trajectory of decline. This study described physical, social, and psycho-spiritual comfort needs (Kolcaba's model) of 41 newly-admitted PWAs (98% African American; 85% male; mean age 42.2 ± 9.7 years) admitted to two safety-net nursing homes. 59% had end-stage disease. 76% had pain, with 46% having daily pain ranging from mild to severe. 65% had weight loss >5%, with 24% having decubitus ulcers (M = 2.6 ulcers/PWA). For the MDS ADL Long-Form Scale, M = 11.5 ± 9.0, and MDS-COGS Scale, M = 2.5 ± 2.0. 5% to 20% had disruptive behaviors; 37% had sad mood; 37% were restless; and 15% were angry. 40% spent < 1/3 of their time in activities, and 11% withdrew from activities. Residents also described spiritual needs and AIDS-related symptoms not measured by the MDS. Conclusion: PWAs are at risk for undertreatment of pain which was often severe; decubitus ulcers and weight loss; and unmet spiritual and social needs. They had a wide range of functional ability, and moderate cognitive impairment. Disruptive behaviors were less than anticipated. Funded by NIH NINR.

RURAL HOSPITAL TO NURSING HOME TRANSITIONS: PRACTICE IMPLICATIONS

J. G. Congdon, J.K. Magilvy, University of Colorado Health Sciences Center, 4200 E 9th Ave., Denver, CO 80262

A nursing home is sometimes the most appropriate discharge destination post acute-care. Decisions about placement and choice of nursing home are difficult and often made quickly placing great burden on the patient and family. Results of a ten year longitudinal ethnographic study of rural health care transitions emphasize several issues related to the crisis nature of the decision making process. The purpose of the study was to describe health care transition experiences of rural elders, their families, and health care providers. Data were generated from interviews with 45 key participants, plus participant observations and photographs of numerous rural healthcare clients, providers, and settings. Descriptions of stressful transitions made quickly, with limited patient and family involvement and inconsistent professional assistance from health care providers were common. Reanalysis of these findings led to the development of several practice implications for nurses, physicians, and social workers. Consumers need reliable, accurate, and useable information about local long-term care resources to facilitate making appropriate transition choices. Family members rely on healthcare providers to assist them through the stressful process of evaluating alternative options and making the placement decision. In some rural communities, choice was limited but information on quality resources was attainable.

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"Team Up" For Wound Care

Sherwood B. Slater, Ph.D., Joseph L. Morse Geriatric Center
4847 Fred Gladstone Drive. West Palm Beach, Florida 33417,
Georgann Weissman, M.S., A.R.N.P., Karen Omer, L.P.N.,
Juergen Bludau, M.D.

Alteration in skin integrity has been a paramount concern to health care providers, especially in the nursing home setting. Wound Care Centers often provide expertise and direct care for the long term resident. However, there may be drawbacks to this approach. Several areas of concern become apparent; they include: transportation time and cost, inconveniences to the patient, a lack of continuity in care and communication, and a limited involvement of the nursing staff with the wound care center management.

In response to these issues, the Joseph L. Morse Geriatric Center, a 280-bed long-term care facility, implemented a facility based multidisciplinary wound care team. The objective was to educate and involve direct care providers in the prevention and treatment of skin alterations. The team was composed of the Nursing Rehab Coordinator, Nurse Practitioner, Dietician and the responsible Unit Coordinator and CNA.

Once a formulary was adopted, scheduled weekly wound rounds with the team was implemented. The results of education and close monitoring by front line staff resulted in an overall fifty percent reduction in the number of patients with wounds. March of 1999 tracked twenty patients with thirty-six wounds including six Stage IV assessed by the Braden Scale. One year later, in March 2000, there were eleven patients with thirteen wounds, one was a healing Stage IV.

Our approach has shown that a multidisciplinary team inclusive of front line nursing staff, receiving ongoing education and positive reinforcement, in conjunction with regular monitoring of the patients results in improved care and quality of life.

SHOULD ALL NURSING HOME PATIENTS WITH IMMOBILITY BE ON PROPHYLACTIC ANTICOAGULATION ?

J. Walavalkar MD, R. Reddy MD, and K. Gupta MD
Taylor Care Center / Westchester Medical Center
New York Medical College, Valhalla, NY 10595

The use of prophylactic anticoagulation in the immobile nursing home residents remains controversial. In a 350 bed academically affiliated nursing home, we reviewed all residents who had developed deep vein thrombosis over the past 18 months. A total of 11 residents had been treated for deep vein thrombosis. Although immobility was noted to be a common denominator in all of them, 5 (45.45%) residents had cancer, 3 (27.27%) had sepsis 2 (18.18%) had severe peripheral vascular disease, and 2 (18.18%) had hypercoagulable state. Of the remaining 339 residents, 110 residents were noted to have significant degree of immobility. However, none of these residents had developed DVT.

We conclude that unless immobility is associated with other risk factors (cancer, hypercoagulable state etc.,) nursing home residents should not routinely receive DVT prophylaxis with anticoagulants in view of multiple risks associated with prolonged use of anticoagulants.

DNR STATUS OF DEMENTIA PATIENTS IN A NURSING HOME SETTING

M. IQBAL, MD; K. GUPTA, MD
Department of Medicine, New York Medical College, Valhalla, NY 10595

It is generally assumed that nursing home (NH) dementia residents (patients) should almost always be DNR. In a 350 bed academically affiliated NH, we decided to review the status of DNR orders in all residents with a diagnosis of dementia. A total of 130 residents were noted to have dementia. 88 (67.7%) of them were found to have documented DNR orders and the remaining 42 (32.3%) residents did not have DNR orders and were, therefore, candidates for CPR.

Differences of opinion amongst the family members, inability of the surrogate to make a decision or the desire to "do everything " for the next of kin placed in the NH were some of reasons given for not choosing DNR. However, further research and in-depth studies are required for better understanding of the precise reasons as to why some surrogates continue to opt for CPR despite the presence of fairly advanced degree of dementia in NH residents.

ADVERSE DRUG REACTION MANAGEMENT IN LONG TERM CARE

K. Foland, J. Mort South Dakota State University College of Nursing, 1011 11th St. Rapid City, SD 57701

The purpose of this study is to describe and improve the process of suspected adverse drug reaction (ADR) management in a LTC facility. The study examines the staff's ability to recognize suspected ADRs, convey information and take action to address problems. Twenty-five health care workers were selected from a volunteer pool at a LTC facility in the Midwest. A resident assessment form was completed by each health care worker (RNS/LPNs/CNAs/SWs) on each of the participating residents at the LTC facility (n=68) within a one week time frame. The form contained information on detection and management of ADR within the last 30 days. ADRs include the 13 most likely side effects of commonly prescribed medications for LTC residents. Preliminary analysis showed a high number of ADRs in this sample. More ADRs were reported on the day shift than other shifts. The RNs were more likely to report ADRs. The management of the ADRs will be analyzed next.

NURSING HOME PERFORMANCE IN RANDOMIZED CLINICAL TRIALS

S. DiFilippo, I.R. Katz

Section of Geriatric Psychiatry, University of Pennsylvania, Philadelphia, PA 19104

It is important to evaluate the performance of nursing homes in the administration of randomized clinical trials. We examined medication adherence in subjects at 7 nursing homes in a study of antidepressant treatment. In 84 subjects treated for 8.02 ± 3.5 weeks, the number of missing doses varied from 0 to 3 per patient week with an average of .333 ± .580. They consisted of medication error (.221 ± .432), subject refusal (.086 ± .327), medications held for side effects (.017 ± .090), and supply problems (.0046 ± .034). The homes differed significantly in total number of missing doses per subject per week ($F= 5.265$, $p<.001$) and in the number of errors per subject per week ($F= 10.276$, $p<.001$). Missing doses and error rate were not related to subjects' cognitive status. 2 of the 7 homes that contributed 1 or 2 subjects were subsequently excluded because of difficulties in the conduct of the study. In the remaining 5 homes with at least 8 subjects, there were still differences in both the number of missing doses per subject week ($F=3.914$, $p=.006$) and number of errors ($F=4.960$, $p=.001$). This heterogeneity between homes must be considered in the design and implementation of clinical trials. These and related findings will be discussed in terms of the conduct of both efficacy and effectiveness research in nursing facilities.

Reducing Neuroleptic Medications: Problems, Strategies and an Algorithmic Approach

John M. de Figueiredo, M.D., Sc.D.
Raymond Ng,RPh, Krishan Gupta, M.D.

A systematic review of all residents in an academically affiliated nursing home was carried out with the aim of reducing the use of neuroleptic medications (NM) to a minimum effective level, replacing NM by safer alternatives, or discontinuing NM altogether. There were 74 residents who were prescribed NM for various reasons (e.g., psychotic symptoms, agitation, or aggression). Of these, 32 had a primary psychiatric diagnosis. The remaining 42 had a primary diagnosis of dementia. A focused interdisciplinary review identified 21 patients for reduction or discontinuation. The application of an algorithmic approach led to the identification of additional 5 patients. The results suggest that it may be possible to reduce NM successfully faster than once every 6 months which is the current guideline under OBRA regulations.

PAIN MANAGEMENT BARRIERS IN RURAL LONG TERM CARE FACILITIES

K.S. Feldt, S. Britt, School of Nursing University of Minnesota, 6-101 Weaver-Densford Hall, 308 Harvard St S.E., Minneapolis, MN 55112

Evidence indicates pain is poorly managed in long term care facilities (LTCFs). Rural nursing homes may have fewer resources to address this problem. The purpose of this descriptive survey was to determine pain knowledge of nursing staff and barriers to pain management in rural LTCFs. Rural Minnesota nursing homes (51 randomly selected) participated with 267 nursing staff returning questionnaires. Subjects were predominantly white (91%), female (95%), LPNs (61%) who had worked in LTCF an average of 11.5 yrs. Pain knowledge scores were significantly correlated with nursing education and yrs in practice. Pain management barriers identified by subjects as "moderate to great" were: lack of support for emotional aspects of pain (52.5%); residents too confused to report pain (49.4%), no pain experts available to consult (42.4%), and residents being reluctant to report pain (30.3%). The number of barriers identified was significantly positively correlated with level of nursing education, total pain knowledge score, and the number of comfort measures identified. Strategies that address improving knowledge of pain management for nursing staff with lower educational levels and reduce perceived barriers to pain management may improve pain management and quality of life for residents of rural LTCFs.

SKIN TEST RESPONSE IN ELDERLY NURSING FACILITY RESIDENTS

S. Allen, M.D., K. Hyde, M.D., M. Maddens, M.D., Div. of Geriatric Med., Wm. Beaumont Hosp., Royal Oak, MI 48073

Background: Persons age ≥ 65 constitute a large repository of Mycobacterium tuberculosis (TB) in the U.S., and have the highest case rates. The elderly account for 27% of TB case morbidity, despite constituting only 12% of the population. OSHA now mandates 2 step PPD skin testing for all NF staff and residents. Although not required by OSHA, many experts also recommend the use of control antigens, such as Candida (C) or Mumps (M). However, there is relatively little data on "boost" rates associated with the second step PPD, and even less data on response to control antigens in this population. **Objective:** Determine the prevalence of PPD, C, & M skin test responses in a suburban NF population in a low TB prevalence community in southeastern Michigan. **Design:** Analysis of the infection control skin test log database of 445 residents (age 83±7 years; current or new residents between 1/98-4/99) of 2 NF's where PPD, C, & M were used. Facility protocol included repeat testing with all 3 antigens if no initial reaction occurred. **Results:** Detectable response to at least one antigen occurred in 63% on initial testing. Initial PPD reactions occurred in 5.6% (2% met criteria for + PPD). PPD reactions occurred in 2.4% of residents with repeat testing. Only 3 (0.7%) resulted in reclassification as "+" PPD skin test. M and C response initially occurred in 33% and 43% respectively. Using the 2nd step strategy, 25 additional patients (5.6%) were identified as reactors to at least one control antigen. **Conclusion:** 1) The 2nd step PPD increased the yield of "positive" PPD's by 33%; 2) C is a significantly better control antigen than M; 3) "2 step PPD + double controls" strategy improves the ability to identify immune responsive individuals by 6%.

INFECTIONS AND ANTIBIOTIC USE IN 34 SWISS NURSING HOMES: PRELIMINARY RESULTS OF A PROSPECTIVE STUDY

C Petignat, G Ghilardi, J Galeazzi, P Francioli, CJ Bula. *Div of Geriatric Med. & Div Prev. Infect., Intern Med Dpt, CHUV, 1011 Lausanne, Switzerland*

Objective: To determine the frequency and distribution of infections, the prevalence of risk and preventive factors for infections, and to assess antibiotic prescription in residents of long term care facilities (LTCF).

Method: Longitudinal prospective study of >65-year old residents in 34 LTCF during a 6-month period. For each resident data were collected on demographics, functional status, medication, risk factors such as urinary catheter, skin ulcer, and vaccination status. Infections were diagnosed according to predetermined criteria and using CDC modified definitions. Antibiotic treatment and outcome were recorded.

Results: From 01.09.1998 to 28.02.1999 a total of 1500 residents (1149 women and 351 men) were followed for a total 248 843 residents days. Mean age was 86.5 for women and 83.0 for men. Influenza and pneumococcal vaccination were recorded in 74% and 14% of the residents, respectively. Indwelling urinary catheter was present in 7% of women and 16% of men. Infection prevalence at the beginning of the study was 5.7%. A total of 1111 infections were observed in 719 residents (48%) during the study period, representing an incidence of 14.8 infections/100 residents/month. Crude mortality was 14.5% and infection related mortality was estimated to be 3.7%. Respiratory tract, urinary tract, and skin infections accounted for 39%, 35% and 10% of infections, respectively. Systemic antibiotics were prescribed in 75% of infections, by phone in 21% of the case. Quinolones were used in 75% of the urinary tract infections and more than 50% of the respiratory tract infections were treated with a betalactam.

Conclusion: Prevalence, incidence, and types of infections in these LTCF were similar to those previously reported in the literature. These preliminary results confirm the need for implementing education and prevention programs in Swiss LTCF to reduce morbidity, antibiotic use and potential emergence of resistant organisms. Further analysis of risk factors is needed to better design such infection-control programs.

Quality of Care of Nursing Home (NH) Residents Hospitalized with Heart Failure (HF).

Ahmed A, Darradji M, Howard G, DeLong JF, Bodner E, & Allman RM. Univ. of Ala. at B'ham, VA Medical Ctr., Ala Quality Assurance Foundation, 1530 3rd Ave So, CH-19, Suite-219, Birmingham AL 35294-204

Objective: To evaluate the quality of care received by older NH residents hospitalized with HF. **Methods:** Retrospective chart reviews were obtained from Medicare beneficiaries, 65+ years, discharged in 1994 with a diagnosis of HF from 11 Alabama hospitals. The quality indicators (QI) were (i) % of HF patients with documented left ventricular function evaluation (LVFE), & (ii) % of HF patients discharged on ACE-inhibitors (ACEI). Patients were categorized as admitted from NH or home. The QI's were compared by admission source, and statistical significance was tested by Pearson's Chi-square test. Multiple logistic regression analysis was done to control for confounding. **Results:** Half of the 1,091 subjects were 80+ years, 60% female, 18% African-Americans. Ninety eight (9%) were admitted from NH. Admission from NH was associated with fewer LVFE (OR=0.4; 95%CI=0.27-0.65), or ACEI use (OR=0.6; 95%CI=0.36-0.89). After adjustment for patient characteristics and hospital, only LVFE (OR=0.6; 95%CI=0.38-0.99), but not ACEI use on discharge (OR=0.8, 95%CI=0.45-1.29), was independently associated with admission from NH. **Conclusions:** Older NH residents hospitalized with HF were less likely to receive care consistent with recommended guidelines. Considerable opportunities exist for improving HF care of hospitalized NH residents.

REHOSPITALIZATION OF OLDER ADULTS FOLLOWING MEDICAL REHABILITATION

B.T. Mast, S.E. MacNeill, P.A. Lichtenberg, Institute of Gerontology and Departments of Psychology and Physical Medicine, Wayne State University, Detroit, MI 48202

Acute hospitalization data from 117 geriatric medical rehabilitation patients were used to predict rehospitalization at three and six months post-discharge. Rehospitalization rates were 20.5% and 14.5% at three and six months respectively. Baseline predictors were collected during the initial medical rehabilitation stay and included depression, cognitive functioning, functional disability, and an index of comorbid medical illness. These variables were entered into a path analysis to predict rehospitalization at three and six months. At three months, the best predictor of rehospitalization was functional disability at discharge from medical rehabilitation. At six months, the only significant predictor of rehospitalization was the level of depressive symptomatology reported during the initial medical rehabilitation stay.

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ASSESSING QUALITY OF CARE FOR NURSING HOME RESIDENTS WITH DEMENTIA: THE HCFA QIs

C Teigland, New York Association of Homes and Services for the Aging (NYAHSA), 150 State Street, Suite 301, Albany, NY 12207

PARTICIPANTS:

C. Teigland The HCFA QIs: Critical Problems With the Definition of Cognitive Impairment.
S. Underhill (NYAHSA) Identifying Key Risk Factors for Incontinence in Nursing Home Residents.
G. Kaufman (Foundation for Long Term Care, Albany, NY) Reliability and Validity of Two Measures of Cognitive Status and Identified Risk Factors for Falls and Incontinence

DISCUSSANT:

N. Watson (University of Rochester, Rochester, NY).

The HCFA has adopted 24 Quality Indicators (QIs) to assess quality of care for the 1.5 million nursing home residents nationwide. This research presents evidence that residents with dementia, which make up a large proportion of the nursing home population, are at far greater risk for many of the negative outcomes measured by the HCFA QIs, but only three QIs are currently risk adjusted for cognitive status. The findings demonstrate that the current QI definitions fail to accurately capture critical quality of care issues for residents with dementia. The symposium will 1) review and critique the current QI definition of cognitive impairment; 2) present logistic regression models for two of the HCFA QIs, falls and incontinence; and 3) present results of data validation studies conducted in four New York nursing homes in 1999. **Conclusions**. First, the current definition of cognitive impairment misses a significant number of cognitively impaired residents who are at risk for negative outcomes. Second, the definition for severe cognitive impairment places residents who behave very differently into the same high-risk group. Third, many of the unadjusted HCFA QIs should be risk adjusted for cognitive status (e.g., symptoms of depression, tube feeding, decline in ADL's, use of medications). The findings indicate that even borderline to mild cognitive impairment (as measured by Morris' CPS scale) increases a resident's risk for the two QIs investigated: falls (which is not currently risk adjusted) and bladder or bowel incontinence (which is risk adjusted for only severe cognitive impairment). Fourth, a comparison of the 3-level HCFA cognition scale with the more complex 7-level CPS shows that the current measure has a bias toward rating residents as less impaired than both the CPS and staff ratings.

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Linking Functional Assessments to Program Planning and Outcomes.

C. Jessie Jones, Organizer, Roberta Rikli, and Debra Rose
Cal State University, Fullerton, Center for Successful Aging, P.O. Box 6850, Fullerton, CA 92834-6850

Preventing or delaying the onset of physical frailty and disability in later years is the goal of gerontologists and health care practitioners throughout the world. One of the most effective ways of reducing age-related decline leading to frailty is through early detection of physical weaknesses and poorer adjustments in physical activity behaviors. This symposium will examine specific issues and challenges associated with the assessment of physical function along the continuum of physical abilities-from high to low functional levels. Presenters will describe "easy to use" assessment tools for use with both healthy and "at risk" older adults. In addition guidelines will be provided on how to interpret and disseminate test results, and on how to utilize test results for program and outcomes.

Roberta Rikli, PhD (Cal State University, Fullerton)
Assessing Physical Function among Older Adults: Issues and Guidelines
This session will discuss several issues related to assessing physical function among older adults, including barriers to conducting assessments, benefits of conducting assessments, criteria for test selection, differential interpretation and dissemination of test results, and linking test results to program planning and outcome.

C. Jessie Jones, PhD (Cal State University, Fullerton)
Assessing Physical Parameters Associated with Functional Mobility among Community-Residing Older Adults
This session will present a new functional fitness test for independent, community-residing older adults. The test items are quick and easy to administer and score, requires minimal equipment and space, are safe and enjoyable for older participants. In addition, the presentation will provide guidelines for interpreting test results (including national norms) and implications for exercise programming for healthy older adults.

Debra Rose, PhD (Cal State University, Fullerton)
Assessing Functional Fitness for at Risk Older Adults: Implications for Program Planning. This session will focus on the selection, administration and or modification of existing physical assessment tools for implementation with frail older adults. Guidelines for the interpretation of test results will be presented and the implications for programming addressed. A model community outreach program designed to improve the physical function of an "at-risk" older adult group will be described. The short- and long-term effectiveness of the program will also be discussed in this session.

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BIOLOGICAL PREDICTORS OF STRENGTH AND DISABILITY: THE WOMEN'S HEALTH AND AGING STUDIES.

L. Fried, Center on Aging and Health, Johns Hopkins Med Insts, 2024 E. Monument, Suite 2-600, Baltimore, MD 21205; J. Guralnik, National Institute on Aging, Bethesda, MD 20892

PARTICIPANTS:

L. Ferrucci, B. Penninx, T. Harris, S. Volpato, K. Bandeen-Roche, J. Balfour, S. Leveille, L. Fried, J. M Guralnik (INRCA, Florence IT) High Interleukin-6 Serum Levels Predicts Accelerated Decline of Physical Function in Older Women.

PHM Chaves, B. Ashar, L. Fried (Center on Aging and Health, Johns Hopkins Med Insts, Baltimore MD). Hemoglobin Concentration and Physical Function in Older Women.

A. Cappola, K. Bandeen-Roche, Q-L Zue, G. Wand, L. Fried (Center on Aging and Health, Johns Hopkins Med Insts). Association of Insulin-Like Growth Factor-1 Levels with Mobility in Older Women.

S. Volpato, A. Remaley, J. Balfour, L.Fried, J. Guralnik (NIA, Bethesda). Subclinical Hypothyroidism and Physical Function in a Sample of Older Disabled Women.

M. Siebert, Q-L. Xue, J. Walston, L. Fried (Johns Hopkins Medical Institutions, Baltimore). Myostatin Genomic Organization and Polymorphic Variation in an Aging Cohort
DISCUSSANT:
H. J. Cohen, M.D. Duke University Medical Center.

It is understood that specific diseases of aging contribute to mobility disability. There is early evidence that systemic biologic factors, e.g., endocrinologic or inflammatory status, and genetic characteristics, may also play a role. This symposium evaluates evidence for associations of such biologic factors with both strength, mobility function and disability in two companion cohorts of older women, the Women's Health and Aging Studies I and II.

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NEW INSIGHTS ON THE PATHOPHYSIOLOGY, DIAGNOSIS AND TRAEATMENT OF THE ELDERLY DIABETIC PATIENT.

N Barziali, Division of Geriatrics, and the Diabetes Research Center, Albert Einstein College of Medicine, 1300 Morris Park Ave, Bronx, NY, 10461.

Participants:
N. Barziali, (Albert Einstein College of Medicine, Bronx, NY.)
Failure to regulate body fat distribution with aging as a risk factor for diabetes and its complication.
R. Andres (The National Institute of Aging, Baltimore, MD).
Revisiting 'he criteria's for diagnosing diabetes in the elderly.
A. Godberg, (University of Maryland, Baltimore, MD.)
Reducing cardiovascular risks in the elderly diabetic patients.
Discussant:
J.B. Halter (University of Michigan and VA Medical Center, Ann Arbor, Michigan).

Failure to regulate body fat distribution is typical with aging and is associated with the phenotype of abdominal obesity. This condition leads to insulin resistance with associated risks for diabetes and cardiovascular mortality.

Based on several conditions and assumptions the criteria for diagnosis of diabetes has been recently modified. In this symposium we will discuss if these new criteria's can be effectively applied to the elderly.

Once diabetic, the elderly has even more accelerated risk for cardiovascular mortality. Exercise is considered one of the major life style interventions in the diabetic patients. It is commonly believed that this intervention is unsuccessful in the elderly. We will revisit this belief.

In addition to hyperglycemia, the lipoproteins profile seems to accelerate cardiovascular mortality, we will view the data that suggests aggressive glucose and lipid lowering therapy in the elderly diabetic patient.

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CAREGIVING AND THE BEHAVIORAL SYMPTOMS OF DEMENTIA: A LONGITUDINAL STUDY

D. Fogel, J. Robison, L. Curry, Braceland Center for Mental Health and Aging, Institute of Living/Hartford Hospital, 400 Washington Street, Hartford, CT 06106

Caregiving, in general, can cause various social, emotional, and economic stressors. The potential for stress is even greater when caring for an individual with a dementing illness such as Alzheimer's Disease, particularly when behavioral symptoms are present. This study is part of a larger investigation that examined the behavioral symptoms of dementia among a psychiatric inpatient population (N=106) over a 15 month period following discharge. Of this sample, approximately 18% (N=19) returned to the community post-hospitalization.

This study explores the relationship between the caregiver experience and the behavioral symptoms of dementia. Of the 19 individuals who returned to the community, the caregivers (6 males, 12 females) of 18 individuals with dementia were interviewed 5 times over a 15-month period. Forty-four percent were spouses, 28% were adult children, and 28% were other relatives or paid helpers. The self-reported physical functioning of the caregivers was quite high (ADL, IADL, and Rosow scales), with few functional limitations. Furthermore, the mean score of caregiver depression (CES-D) was relatively low at each interview time. However, caregivers did report significant levels of burden at each time period (Zarit's Caregiver Burden Interview). Repeated measures ANOVA's indicated no significant changes in caregivers' physical functioning, their perceived burden, levels of depression (CES-D), or in the number of hours spent providing care over the 15-month period. The effects of behavioral symptoms of dementia on caregiver outcomes are examined.

CAREGIVER APPRAISAL OF BEHAVIORAL SYMPTOMS IN DEMENTIA: INSTRUMENT DEVELOPMENT.

T.A. Harvath, L. Miller, & G.E. Sawyer, Portland VA Medical Center, V9-NSCU, PO Box 1035, Portland, OR 97202

One of the most difficult aspects of caring for a family member with dementia is management of behavioral symptoms (e.g., wandering and resistance to care). Because caregiver appraisal of these symptoms plays a key role in caregiver stress, sound measures of appraisal are needed. This methodological study tested two measures of family caregiver appraisal of dementia-related behavioral symptoms: Attribution of Causality and Perception of Care Receiver Control. These multi-item scales were administered to a sample of 66 caregivers to persons with dementia. Cronbach's alpha reliability for Control was .77 (n=51) and for Causality averaged .82 over the eight subscales (n=51). Evidence for construct validity was demonstrated through hypothesized correlational relationships with key constructs (e.g., Control was correlated with strain from manipulation (r=.29, p=.04); stress (r=.35, p=.01); and negative lifestyle change (r=.29, p=.04)). These measures are important to target interventions for individual caregivers and to measure their clinical effectiveness.

REPORTING BEHAVIOR PROBLEMS: WEEKLY VS. DAILY CAREGIVER REPORTS. S.A. Leitsch, E. E. Femia, S.H. Zarit, S-105 Henderson Building, Penn State Univ., Univ. Park, PA 16802; R. Greene, Division of Senior Affairs, NJ, M. A. P. Stephens, Kent State University, OH.

Most measures of dementia related behaviors ask caregivers to recall behaviors during the past week. Yet, dementia related behaviors fluctuate in frequency from day to day and throughout the course of the day. To capture these fluctuations, a measure must assess behavioral domains rated during several periods of the day. This analysis compares the Daily Record of Behavior (DRB) with a weekly version (WRB) to verify the measure's reliability and to understand how responses differ in weekly vs. daily reports. In the DRB, caregivers indicate frequency, duration, and perception of behaviors at four daily time points in twelve behavioral domains. The frequency of problems reported in the DRB and the WRB were consistent in each domain, except eating and sleeping. Generally, behaviors reported in the WRB has a longer duration. Naps and memory problems were reported to be more upsetting in the WRB.

REPORTING BEHAVIOR PROBLEMS IN DEMENTIA: STABILITY OF CAREGIVER REPORTS ACROSS DAYS. E.E. Femia, S.A. Leitsch, S.H. Zarit, S-105 Henderson Bldg, The Pennsylvania State Univ., Univ. Park, PA 16802; R. Greene, Div .of Senior Affairs, Trenton, NJ, M.A.P. Stephens, Kent State Univ., Kent, OH.

The accuracy and consistency in reporting problem behaviors can affect research relating stress and caregiving. The Daily Record of Behavior (DRB) is a comprehensive measure that assesses the frequency, duration, and perception of 11 domains of behavior frequently exhibited by demented elderly. In the study, primary caregivers completed the DRB over two 24-hour periods. We examined rates of behaviors over 2 days and their fluctuation throughout the day. Results showed memory problems, naps, mood, and restless behaviors as occurring most frequently. Naps, sleep, restlessness, and disruptive behavior had the longest duration, while bathing, sleep, reality and disruptive behaviors were the most upsetting. Throughout the day, these behaviors maintained their relative rank order. Over a 2 day period, some domains showed little fluctuation (naps and memory problems) while others (sleep, eating, and mood) varied a great deal.

REPORTING BEHAVIOR PROBLEMS: A COMPARISON OF DAY CARE AND CAREGIVER REPORTS. G.F. Wilson, S.A. Leitsch, K.C. Budinger, S.H. Zarit, E. E. Femia, S-105 Henderson, Penn State Univ., Univ. Park, PA 16802; R. Greene, Division of Senior Affairs, NJ; M. A. P. Stephens, Kent State Univ., OH.

Accurate appraisals of behavior problems are necessary to assess dementia severity, caregiver strain, and to predict future behavior. Perception of problems, however, will vary across settings and reporters. Knowledge of these biases can inform research and practice on suitable care strategies. This study compares reports of primary caregivers and adult day service (ADS) staff using the Daily Record of Behavior (DRB). The DRB measures the frequency, duration, and perception of 11 domains of behavior. Results showed that caregivers and ADS staff reported a similar number of total problems, which was relatively low. There was fairly strong agreement between caregivers and ADS staff with both groups reporting memory problems as occurring most frequently. For most domains, the average duration of behaviors was similar. The exception was for eating, where ADS staff reported a longer duration than caregivers.

CAREGIVER DEPRESSION IS ASSOCIATED WITH DEMENTIA PATIENTS' BEHAVIOR PROBLEMS, BUT NOT WITH REPORTED OR OBSERVED ADL PERFORMANCE

E.M. Cotter[1], L.D. Burgio[2], D.L. Roth[3], J Gerstle[2], [1]Department of Psychology and Sociology, Georgia Southwestern State University, Americus, GA 31709; [2]Applied Gerontology Program, University of Alabama; [3]Department of Psychology, University of Alabama at Birmingham

This project examined whether caregiver depression were reliably associated with dementia patients' cognitive function, number of behavior problems, reported depression, and caregiver-reported and observed ADL performance. Twenty-one caregivers completed the RMBPC, a self-report and proxy version of the CES-D, and a modified FIM Self-Care subscale that included estimates of ADL assistance time. The patients completed the MMSE. These patients were then videotaped in their homes during ADLs. A real-time computer-assisted data collection system recorded the amount and type of assistance provided during these interactions. Thus, the ADL data obtained in this study included both caregiver-reported and observation-derived FIM scores and caregiver-reported and observed assistance duration. All ADL data were significantly correlated with patient MMSE scores in the expected directions (r values ranged from .618 to .824, p<.05). These data were selectively correlated with the caregiver and patient CES-D scores and the number of behavior problems reported on the RMBPC, but no strong patterns were observed. The patient MMSE score was not significantly correlated either with caregiver or patient CES-D scores or with the number of behavior problems as measured by the RMBPC. However, caregiver CES-D scores were correlated with the number of patient behavior problems (r values ranged from .383 to .720, with all but one correlation significant at $p<.05$), and the correlation of the caregiver and patient CES-D scores approached significance ($r=.512$, $p=.089$). These results suggest that neither increasing cognitive decline nor declines in ADL functioning are associated with increased caregiver depression. However, patient behavior problems are strongly associated with caregiver depression. Additionally, patient depression is not reliably associated with declines in functional ability.

BEHAVIOR PROBLEMS LEADING TO GEROPSYCHIATRIC HOSPITAL ADMISSION ARE ASSOCIATED WITH LENGTH OF HOSPITAL STAY.

R. C. Tucker & L. M. Dougherty, Piedmont Geriatric Hospital, Burkeville, VA 23922.

The Nursing Home Behavior Problem Scale (NHBPS) can be used to a measure of reasons for geropsychiatric hospital admission (Tucker, Dougherty & Peyton, 1998). The NHBPS can also track problem behaviors of geropsychiatric patients during inpatient hospital stays. We hypothesized that number and type of problem behaviors emitted during the first week of hospitalization would differentiate patients who were discharged from those who required long-term hospitalization.

Patients (N = 120) were rated for NHBPS behaviors during the first week of hospitalization. All patients admitted between 9/97 through 1/99 were rated. Patients were classified into discharged (N = 84) or current patient (N = 36) groups based on 3/2000 hospital census report. Current patients exhibited significantly more problem behaviors than discharged patients ($F_{(1,86)} = 10.39$, $p < .001$). Current patients showed greater rates of uncooperative aggressive behaviors, irrational restless behaviors, and inappropriate behavior than discharged patients.

Aggressive and abusive behaviors in persons with dementia

M. Rubert & C. Eisdorfer; Center on Adult Development and Aging, University of Miami School of Medicine, Miami, FL 33136

The risk for elder abuse increases when a caregiver is caring for an older family member who is demented. Caregivers that are confronted with aggressive or abusive behaviors from the person with dementia may be at particular risk for becoming abusive. In the present study, 223 caregivers were asked to report on any aggressive and/or abusive behaviors presented by a demented family member in the past week. About 8% of the persons with dementia had engaged in threatening and/or destructive behavior. However, 27% were reported to have engaged in verbal abuse.

Rates of reporting of aggressive and abusive behaviors were evaluated for gender of the person with dementia, the relationship of the caregiver to person with dementia, the ethnic background of the caregiver (White American or Cuban American) and the degree of cognitive impairment. It was found that adult child caregivers were more likely to report verbal abuse, Cuban American caregivers were more likely to report that the person with dementia had threatened to harm him/herself, and persons that were severely demented were more likely to threaten others. Because self-harm might reflect depressed mood, the caregivers' reports of sadness, hopeless and discussion of death were also evaluated. There were no significant differences between the two ethnic groups on these variables.

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THE INFLUENCE OF DISEASE INFORMATION AND PATIENT IMPAIRMENT ON CAREGIVER OUTCOMES

D.M. Bass, C.A. McCarthy, W.J.Looman, P.A. Clark, The Benjamin Rose Inst., 850 Euclid Ave., Ste. 1100, Cleveland, OH 44114, S. Eckert, Alzheimer's Assoc., Clev. Area Chpt.

The Cleveland Alzheimer's Managed Care Demonstration is a randomized control trial that evaluates the effects of integrating Alzheimer's Association services into managed health care. The demonstration includes 210 memory-impaired patients who are members of Kaiser Permanente and 183 primary informal caregivers who care for these patients. Baseline caregiver data are used to examine the influence of information about patients' memory problems and the type and severity of patients' impairments on a variety of caregiver outcomes including their understanding of the memory problems, depression, relationship strain with patients, and restricted social activities. Multivariate analyses indicated the most consistent predictor of positive outcomes for caregivers was the quality of information they received about their relatives' memory problems. Caregivers who perceived the information to be of higher quality had a greater understanding of the memory problems, were less depressed, and reported less activity restriction. Findings also showed that caregivers of more severely impaired patients in terms of function, problematic behavioral symptoms, and other chronic conditions had a greater understanding of the memory problems but were more depressed and reported greater strain. Overall, findings imply that quality information about medications, symptoms, and diagnosis is a key resource for helping caregivers regardless of the severity of their relatives' impairments. Result offer encouraging evidence for information educational interventions for families enrolled in managed care.

EFFECTS OF AN INTERVENTION TO PROMOTE ACCEPTANCE AND EMPATHY BY CAREGIVERS TOWARDS DEMENTIA CARE RECIPIENTS

J.E. Kasl-Godley, VA Palo Alto Health Care System, 3801 Miranda Avenue, Palo Alto, CA 94303

This study evaluated the effectiveness of a psychoeducational program designed to increase dementia caregivers' understanding and acceptance of the care recipient. This Empathic Coping (EC) approach was hypothesized to be superior to traditional Information/Support (IS) groups in reducing caregiver-care recipient relationship problems. In a quasi-experimental, pre-/post-test design, groups met for 1 ½ hours, twice a month, for 8 sessions. The EC group was compared to the first 8 sessions of biweekly IS groups. 61 caregivers enrolled and 48 completed the study. Areas assessed included caregiver empathy, coping, caregiving satisfaction and competence, relationship strain, mental health, quality of past kinship and, to some extent, by race, though the two tended to be confounded by group. Among adult children, over ¾'s of the IS group was Black whereas only 1/3 of the EC group was Black. Adult children in the EC group showed increased acceptance, improved instrumental and intrapsychic coping with stress in relationship with the care-recipient; increased instrumental coping with stress from social activities; increased caregiving competence; and decreased psychological distress. Adult children in the IS groups showed increased caregiving competence and increased instrumental coping with stress in the relationship, but decreased caregiving satisfaction. Spouses in both conditions showed minor change. Implications for the design of interventions to facilitate coping with caregiver-care recipient relationship problems and the role of kin relationship and ethnicity and explored.

RANDOMIZED TRIAL OF A HOME ENVIRONMENTAL INTERVENTION: OUTCOMES FOR CAREGIVERS AND PERSONS WITH DEMENTIA

L. N. Gitlin, M. Corcoran, L. Winter, A. Boyce, W. Hauck. Thomas Jefferson University, Phila, PA 19107

A randomized controlled trial was conducted to determine short-term effects of a home intervention on caregiver (CG) upset and self-efficacy and IADL/ADL function of persons with dementia (PD). We also compared treatment effect by CG gender, race, and relationship to PD. The intervention involved 5, 90-minute home visits over 3 months by occupational therapists who provided education and recommended changes to the home environment. Findings showed that compared to controls, CGs in intervention reported fewer declines in IADLs of PD ($p = .03$), and a trend toward less decline in ADLs and fewer behavior problems. Positive treatment effects also differed by relationship for upset, by gender for managing behavior, and by gender and race for managing functional deficits. We conclude that a short-term environmental intervention has modest benefits for both persons with dementia and select family caregivers (NIA grant # RO1-AG10947).

RELATIONSHIP OF DEMENTIA MANAGEMENT STRATEGIES TO ILLNESS CHARACTERISTICS & AND CAREGIVER APPRAISALS

L. Winter, L.N. Gitlin, A. Boyce, S. Schinfeld, J. Machemer, A. Murray, & W. Hauck. Thomas Jefferson University, Philadelphia, PA 19107

Although much research has examined caregiving stressors, little is understood about caregiver (CG) management strategies and their relationships to CG and care-recipient (CR) characteristics. A short (12 item) form of the Dementia Management Scale (Hinrichsen & Niederehe, 1992) was administered to 219 family caregivers (CG) of Alzheimer's patients participating in the Philadelphia REACH Project. Principal components analysis revealed a 5-item negative factor (e.g., "I yelled or acted enraged"; Cronbach's $\alpha = .68$) and a 7-item positive factor ("I tried to reason with my relative"; $\alpha = .63$). The two factors were differentially associated with either CR problems or CG responses to them - Use of positive strategies with the ***occurrence*** of ADL deficits and problem behaviors, and use of negative strategies with greater CG ***upset, lower self-efficacy, and lower mastery***. Thus, positive strategy use is associated with objective features of dementia, whereas negative strategy use is associated with subjective responses to these features. Both strategy types were associated with depression, but in opposite directions. Greater depression correlated with more negative strategies and with fewer positive ones. Findings suggest that management strategies are associated differentially with CG and CR characteristics. Longitudinal research is necessary. (NIA grant AG13265)

TEACHING FAMILIES VISITING LONG-TERM CARE RESIDENTS TO USE MONTESSORI-BASED ACTIVITIES.

N. M. Schneider & C.J. Camp, Myers Research Institute of the Menorah Park Center for Senior Living, 27100 Cedar Rd., Beachwood, OH 44122

Family members of long-term care residents with dementia were trained to use Montessori-based activities to facilitate communication during visits. Activities were produced to individually meet the needs and interests of each participant and family member dyad. Examples of these Montessori-based activities included sorting pictures or words into categories and matching various sized shapes to a template. Residents were observed while spending time with their family member without the activities at pre-test. Families were then trained by researchers to implement the activities, and residents were observed while their family members performed the Montessori-based activities with them. Comparisons of these pre-test and treatment observations showed that the residents displayed more active engagement and less passive engagement during the Montessori-based activities. Post-test questionnaires indicate that families were pleased with their training and planned to use the activities during subsequent visits after the study was completed.

THE INFLUENCE OF FAMILY INVOLVEMENT DURING MEALTIME ON NURSING HOME (NH) RESIDENTS' ORAL FOOD AND FLUID INTAKE

K.J. Glienke, S.F. Simmons, & J.F., Schnelle. Department of Geriatrics, School of Medicine, University of California, Los Angeles, CA

Multiple environmental and social factors related to the NH mealtime experience may contribute to low oral food and fluid intake among residents. The intake of 135 residents was monitored for three days, or nine meals; and, 17 (13%) residents had a family member or friend (FF) present for one or more meals (43 meals total). The FFs were observed to bring food items from outside the NH for nine of these 43 meals. The research questions were: Does residents' intake improve for those meals during which a FF is present as compared to the remainder of monitored meals? How much time do FFs spend providing feeding assistance as compared to that usually received during mealtime from NH staff? There was a significant increase in total percent intake for the group during the meals that FFs were present as compared to their average intake during usual NH mealtimes (68%±21% vs. 50%±18%). FFs also spent significantly more time providing assistance during mealtime (25±13 vs. 7.1±9.5minutes/meal). The frequency of FF visitation during mealtimes may significantly influence intake and quality of life for residents and, thus, offer a valuable supplement to other more costly interventions such as an increase in NH staff assistance.

RELATIONSHIP OF CAREGIVER USE OF TASK MANAGEMENT STRATEGIES TO SELF-EFFICACY BELIEFS AND FUNCTIONAL DEFICITS. A. Murray, L.N. Gitlin, L.Winter, A. Boyce, J. Machemer, S. Schinfeld, M. Corcoran, & W. Hauck. Thomas Jefferson University, Philadelphia, PA 19107.

The current study examines the relationship between use of strategies by family caregivers (CG) to help persons with dementia carry out daily tasks and CG self-efficacy beliefs and illness characteristics. A 20-item Task Management Strategy Index was developed and administered to 219 CGs of persons with Alzheimer's or other dementias participating in the Philadelphia REACH project. Principal component analyses revealed 3 underlying factors: guidance strategies (e.g., "Take arm to get him/her to go somewhere"; alpha = .73); visual aid strategies (e.g., "Use bright colors or signs"; alpha = .58); and arranging items (e.g., "Put items needed to be noticed"; alpha = .45). Cronbach's alpha for the total index = .76). Use of task-based strategies was associated with the greater ADL impairment, lower MMSE scores, more memory and problem behaviors, and greater CG self-efficacy with managing deficits and behavior problems. Findings show that use of task-based strategies is associated with greater care recipient impairment and greater CG self-confidence about managing difficult behaviors. Preliminary pyschometric analyses show adequate internal consistency of the index and that measured attributes are related to illness characteristics as predicted. (Study funded by NIA #AG 13265).

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DO FAMILY CAREGIVERS UNDERSTAND THE PREFERENCES OF COGNITIVELY IMPAIRED ADULTS? Whitlatch, C.J., Feinberg, L.F., & Tucke, S.S. The Benjamin Rose Institute, Cleveland OH, 44114, & Family Caregiver Alliance, San Francisco CA.

While much research has focused on the family caregiver, few studies have gathered data from both the person with cognitive impairment (PWCI) and the family caregiver. This study examined everyday care preferences and decision-making for mild to moderately impaired PWCI and family caregiver dyads (n=51). For this presentation we focus on the dyad's responses to a 36-item Values & Preferences scale (adapted from Kane and colleagues) which examines the importance the PWCI places on seven areas related to environment, social interactions, autonomy, self-identity, helping out, caregiving issues, and finances. As well, caregivers answered the same questions but from their perspective of the PWCI's preferences. Thus, we were able to determine how well caregivers knew the values and preferences of their impaired relative. As a group and compared to the PWCIs, caregivers rated all but two areas (i.e., social interactions and self-identity) as less important (*t*-values from −2.61 to −4.34, $p<.01$). Similar results were found when comparisons were based on kin group (i.e., adult child n=16 vs. spouse caregivers n=35). These findings indicate that family caregivers may be unaware of the importance of specific values and preferences that are crucial to the well-being of cognitively impaired adults.

MUCH MORE THAN MONEY: PREDICTING DEMENTIA CAREGIVERS' PERCEPTIONS OF FINANCIAL WELL-BEING.

L.K. George, E.C. Clipp, M.E. Doyle -- Center for the Study of Aging, Duke University, and VA GRECC, Durham, NC 27710.

Previous research shows that providing care to a cognitively impaired older adult can lead to actual financial losses and to fears about the adequacy of one's economic resources. Although informal cost studies are accounting for caregiving-related expenditures and other sources of lost income, much less is known about the determinants of caregivers' perceptions of financial well-being (FWB). We predict caregivers' FWB using five classes of variables: demographic factors, objective caregiving demands, objective financial resources, caregiver physical and mental health, and social support. Data are from the National Longitudinal Caregiving Study, a 4-year examination of dementia caregivers in the 48 contiguous states (N=1834, all women). The model explains 28% of the variance in FWB, with 14% uniquely explained by objective income. Other significant predictors of FWB (higher levels) among these caregivers are being older, white, and married to their care recipients; caring for individuals with fewer behavior problems and co-morbid conditions; reporting better health, less depression, and more social support. Beyond actual income, these results document the capability of care-related demands and available resources to undermine or enhance dementia caregivers' perceptions of financial well-being.

Informal Costs of Caregiving to Elderly Patients with Dementia.

C.W. Zhu, E.C. Clipp, M.J. Moore – Aging Center and Fuqua School of Business, Duke University and Durham VA GRECC, Durham, North Carolina 27710

Several studies have examined the economic costs associated with providing informal care to community-dwelling elderly with dementing disorders. These estimates vary tremendously, as the data tend to come from small, local, self-selected caregiver samples. Consequently, the results from these studies are not directly comparable and are difficult to generalize to larger populations. In addition, previous work in this area has focused on caregivers' time allocation but ignored other relevant aspects of informal care. The purpose of this study is to use national data and a more comprehensive set of measures to estimate the direct non-medical (informal costs) and indirect morbidity (lost productivity) associated with informal dementia care. Four aspects of informal cost are examined: 1) caregivers' time allocation and the value of caregiving time, 2) caregivers' loss in income, 3) caregivers' excess health costs, and 4) out-of-pocket purchase of formal services. Data are drawn from the baseline sample (N=2,074) of the National Longitudinal Caregiver Study, a 4-year examination of dementia caregivers in the 48 contiguous states. We relied on measures of ADL and IADL impairments and dementia-related behavior problems to examine the association between caregiving costs, functional dependency, and disease severity. The annual cost of providing informal dementia care in communities across the US is estimated to be $33,110 per patient. The largest component of this cost is caregiving time (estimated across 22 tasks). All aspects of informal care costs increased with indicators of patient dependency and disease severity and most of this cost increase derived from the increased time required to provide physical care.

CHANGE IN CAREGIVER STATUS OVER A 3-YEAR PERIOD.

Uyen-Sa D. T. Nguyen, L Fredman, J Ashba, M Hochberg, E Harris, K Ensrud, R Schulz, M Nevitt, J Magaziner, J Kasper. Dept. Epidemiology, Boston Univ School of Public Health, Boston, MA 02118.

Caregiving is a dynamic situation but most studies assess caregiver status only once, which could lead to misclassifying caregivers (CGs) who become non-caregivers (NCGs) and vice-versa. We assessed changes in status in CGs and NCGs and factors associated with this change. 728 women from the Study of Osteoporotic Fractures (SOF) were screened to identify those who helped or supervised relatives or friends, without pay, with each of 14 instrumental and basic activities of daily living (IADLs and ADLs). They were re-evaluated by telephone 1-3 years later (follow-up). We defined CGs as persons who helped with ≥ 1 IADL or ≥ 1 ADL, NCGs helped with 0 IADLs/ ADLs. Results to date show that 53% of 252 CGs became NCGs and 7% of 476 NCGs became CGs at follow-up. Caregivers who became NCGs were more likely than those who remained CGs to help with ADLs such as toileting (21% vs. 11%), grooming (35% vs. 25%), transfer (17% vs. 8%) and eating (22% vs. 17%). These women did not differ from continuing CGs on mean age (78.6 vs. 78.0 yrs), mean interval between screening and follow-up (25 vs. 25 months), or race (82% vs. 79% white). Among women who were CGs at screening and follow-up, there was a decrease in CGs who helped with ADLs only (11% vs. 3%) and an increase in CGs who helped with IADLs only (38% vs. 50%). In summary, we found a large shift in status from CG to NCG, which was associated with helping with certain ADL tasks. We also found changes in IADLs/ADLs performed among continuing CGs. To correctly classify CG status in longitudinal studies, duration and change in IADL/ADL tasks should be documented.

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CAREGIVER DEFINITIONS AFFECT WHO IS A "CAREGIVER": RESULTS OF THE AHEAD STUDY.

Lisa Fredman, J Ashba, H Cabral, S Tennstedt (New England Research Institutes). Dept. Epidemiology, Boston University School of Public Health, Boston MA 02118.

The definition of caregiver can influence the sample characteristics and potentially the outcomes of interest in a study. While use of systematic criteria such as personal and instrumental activities of daily living (ADLs and IADLs) is preferred to self-identification in defining a "caregiver", different criteria may produce variations in samples and still might misclassify persons (i.e., calling those who help with IADLs but no ADLs as non-caregivers). We assessed how the distribution of sample characteristics varied with different definitions in 2814 informal caregivers identified by 8222 respondents in the Assets and Health Dynamics of the Oldest Old (AHEAD) study. We compared 3 definitions reflecting increasing level of caregiving tasks: Def 1) help with 1 set of IADLs and 0 ADLs (67%); Def 2) help with 1 ADL or 2 sets of IADLs (23%); Def 3) help with 2-6 ADLs and any IADLs (10%). Most caregivers were women (73%) and white (78%). Caregivers who met Def 2 or 3 were more likely than those who met Def 1 to live with the care recipient (26% and 35% vs 18%) and help more hours/day (5 and 11 hrs vs 3 hrs). Care recipients were more likely to be older and to have stroke and diabetes under Defs 2 and 3 than Def 1. Among whites, spouses comprised about 38% of caregivers under all definitions, followed by adult children and other relatives. Non-white caregivers were most often adult children (38%); under Def 3 vs Def 1, they were more likely to be the spouse (29% vs 16%) and less likely to be another relative of the care recipient (13% vs 33%). In conclusion, the ADL/IADL criteria to define caregiver may affect the race/relationship and care recipient characteristics of caregiver samples.

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PHYSIOLOGICAL OUTCOMES IN CAREGIVER INTERVENTION STUDIES: AN IDEA WHOSE TIME HAS COME?

C. J. Farran, D. Loukissa, P. M. Hauser, J. J. McCann, B. Swanson, J. M. Zeller. Rush University College of Nursing, Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL 60612

Virtually all caregiver behavioral intervention studies have focused on caregiver stress and psychological distress outcomes. There is mounting evidence to support that the stress of family caregiving has physiological effects and that caregiver stress may be associated with changes in caregiver physical health. To date, no known caregiver intervention studies have included physiological measures or have focused on improving caregiver physical health. Dementia caregiver studies that include physiolo-

gical measures were reviewed to determine if our current state-of-the-science supports the development of caregiver intervention studies that examine a combination of psychological and physiological outcomes. This dementia caregiving literature was reviewed with the goals of:
a) identifying sampling and design issues; b) assessing physiological, psychological and physical health measurement issues; c) summarizing key findings concerning relationships amongst caregiver physiological, psychological and physical health parameters; and d) recommending how caregiver intervention research might be advanced to also include physiological measures. Recommendations are made concerning how future caregiver intervention research might be expanded to address these issues.

STAYING THE COURSE: PATTERNS OF PARTICIPATION IN THE NATIONAL LONGITUDINAL CAREGIVER STUDY

M.E. Doyle, E.C. Clipp, L.K. George, K.M. Stechuchak
VA (GRECC & HSR&D) and Duke University Medical Centers, Durham, North Carolina 27705

The National Longitudinal Caregiver Study (NLCS), funded by VA HSR&D, is a 4-year, longitudinal study of informal caregivers of community-dwelling elderly veterans with dementia living in the 48 contiguous states. The caregivers of 2278 male veterans over the age of 60 participated at baseline (T1) and were sent the second survey (T2) one year later. The T2 survey included modules for bereavement (care recipient death between T1 and T2) and institutionalization (care recipients placed into formal care). Within 4 wks of the T2 mailing, an 82% response rate was observed. Phone calls followed to non-responders (N=410) to ascertain status; unreachable caregivers (N=64) were categorized as drop-outs. This permitted categorization of the sample into one of four groups: (1) "Stayers" (58%; n=1317); (2) "Drop-Outs" (15%; n=345); (3) "Bereaved" (15%; n=340); and (4) "Institutionalized" (12%; n=276). To better understand patterns of participation, ANOVAs and Fisher's Exact tests were used to compare "Stayers" to the other three groups. Results show that the "Stayers" and "Drop-Outs" differed significantly across demographic characteristics and T1 data quality indicators but were similar on measures of psychosocial functioning and objective caregiving burden. This pattern reverses when "Stayers" are compared to caregivers in the "Bereaved" and "Institutionalized" groups. These findings profile the personal and contextual characteristics that influence longitudinal participation in caregiving research.

ONLY THE PLACE HAS CHANGED: MAINTAINING A SPOUSAL ROLE AFTER NURSING HOME ADMISSION

S.D. Majerovitz, M. Mentor-Portillo, P. Basdeo. Dept. of Political Science and Psychology, York College, CUNY, 94-20 Guy R. Brewer Blvd., Rm. 4D-06, Jamaica, NY 11451

This study examines the adjustment process for healthy, community residing spouses of cognitively impaired nursing home residents through qualitative analysis of interview responses. Spouses were interviewed within two weeks of their partner's nursing home placement (n=32), one-month later (n=20) and four months after placement (n=12). Five spouses brought their partner home during the study period and completed alternative follow-up interviews. A coding scheme was developed using a Grounded Theory approach (inter-rater reliability=80%). Themes were identified relating to difficulties and benefits of placement, major concerns, satisfaction with placement, and changes in spousal role. The most commonly cited benefit was optimal care for the resident, personal considerations were rarely mentioned. While most spouses reported that their role had changed, almost all considered themselves to be part of an ongoing marriage. Spouses maintained their marital role in many ways, such as frequent visits, vigilance in supervising care, or focus on their partners' emotional needs. Research has shown that nursing home placement does not diminish caregiver burden, particularly for spouses. These findings concur, indicating that caregiving responsibilities do not end with placement. Instead, caregivers continue to worry about their partners' well-being and strive to maintain a central role in their lives. Awareness of this need can help nursing home staff to avoid conflicts with family by encouraging meaningful involvement and offering support during the difficult transition period.

IS THERE LIFE AFTER CAREGIVING?

N.L. Chappell, G.E. Behie Centre on Aging, University of Victoria, PO Box 1700, STN CSC, Victoria, BC, Canada. V8W 2Y2

The negative mental health consequences of caregiving, such as depression, have been studied for the period between the onset of disability or disease and death of the care receiver. However, few studies have addressed this issue among caregivers after bereavement. The relationship of caregiver to care receiver (spouse vs. child) is one of the most marked aspects of this dyad. Whether caregivers are spouses, daughters, or sons of care receivers has been shown to impact on the mental health of those persons (Horowitz, 1985; Spitze & Logan, 1990). Similarly, we may expect differential outcomes in the bereavement process depending on caregivers' relationship to care receivers. This question is examined drawing on longitudinal data from the Canadian Study of Health and Aging. Comparisons of bereaved and non-bereaved caregivers reveal that diagnoses of clinical depression are dependent on the relation of the caregiver to the care receiver, length of bereavement, and whether the care receiver was institutionalised. These findings suggest that an exploration of relationships may provide a better understanding of caregiver bereavement.

DEPRESSION IN BEREAVED CAREGIVERS: A FIVE-YEAR PROSPECTIVE STUDY.

Mona Baumgarten, Cynthia Yonan, and J. Richard Hebel, Dept. of Epidemiology and Preventive Medicine, University of Maryland, Baltimore MD 21201.

Caring for a person with dementia is associated with an increased risk for depression but little is known about the long-term impact of bereavement on caregiver depression. This population-based study investigated depression at two time points (baseline and five-year follow-up) in 518 caregivers of dementia patients and 338 controls caring for a non-demented elder. The aim of the study was to examine the prevalence of depression, identify baseline factors that predict depression five years later, and determine how long depression persists after the death of the care recipient. During the follow-up period, over half the participants experienced the death of their care recipient. The prevalence of depression at follow-up, defined as a score of 20 or greater on the Center for Epidemiologic Studies Depression scale, was 14% in bereaved caregivers and 6% in bereaved controls. Logistic regression analysis revealed that caring for a dementia patient, poor caregiver health, and baseline depression were associated with depression at follow-up in the bereaved participants. The amount of time elapsed since the care recipient's death was associated with a decreased probability of depression in the controls but not in the caregivers. This suggests that caregiver depression may persist for years after bereavement.

ADJUSTMENT AFTER BEREAVEMENT IN FAMILY CAREGIVERS OF DEMENTIA PATIENTS: A COMPARISON OF AFRICAN-AMERICAN AND WHITE FAMILIES.

D. L. Roth, J. E. Owen, O. J. Clay, A. B. Stevens, W. E. Haley, Department of Psychology, University of Alabama at Birmingham, Birmingham, AL 35294 and Department of Gerontology, University of South Florida, Tampa, FL 33620

Previous studies have suggested racial/ethnic differences in adjustment for family caregivers of patients with Alzheimer's disease or similar dementias (Haley et al., 1995; Roth et al., 2000). In this study, we continued to track the physical health and psychological well-being of 81 caregivers (21 African-American and 60 White) after patient death. Caregivers completed the Cornell Medical Index, CES-D, Life Satisfaction Index, and the revised Texas Inventory of Grief an average of 4 months and 12 months after patient death. In comparison with data collected an average of 6 months before patient death, results indicated that bereavement led to an increase in physical health problems for African-American caregivers but not White caregivers (p = .03). Life satisfaction scores increased over the first 4 months after bereavement across both African-American and White caregivers (p = .01). Depression scores remained stable and somewhat elevated, suggesting that depression was not relieved by the cessation of caregiving responsibilities. No significant racial/ethnic differences were observed on measures of depression or reactions specific to the grieving process. These findings supplement earlier work and provide a more complete understanding of the longitudinal effects of providing care for a family member with dementia.

AN EMERGING MODEL OF PSYCHOLOGICAL NEGLECT OF ELDERLY CARE RECIPIENTS

T.A. Abend, G.M. Williamson, The Family Relationships in Late Life Project
Department of Psychology, The University of Georgia, Athens, GA 30602

Processes leading to the psychological neglect of elderly care recipients by their caregivers were the focus of the current research. Although the psychological neglect of elderly care recipients has received little empirical attention, our synthesis of the caregiving and elder abuse literatures suggests a model implying that increasing amounts of care provided would be associated with the perception of fewer support resources which, in turn, would lead to greater depression and ultimately more psychological neglect. Furthermore, the theory of communal relationships implies that the processes influencing psychological neglect will vary depending on the quality of the pre-illness relationship between the caregiver and care recipient. We predicted that high mutual communal behavior (MCB) caregivers, who have previously enjoyed highly communal relationships with their care recipients, would experience similar amounts of care provided but perceive more available social support, would be less depressed, and less inclined to psychologically neglect their care recipients, than would low MCB caregivers in less communal relationships. Caregivers and their care recipients completed structured interviews administered by trained interviewers. The main hypothesis of the study was supported. Also, as predicted, compared to high MCB caregivers, low MCB caregivers perceived fewer available social support resources as the amount of care provided increased. Furthermore, compared to high MCB caregivers, low MCB caregivers were more psychologically neglectful, regardless of the amount of perceived social support resources. Several effects of mediation were found, lending additional support for our emerging model of psychological neglect. Implications for the identification of high risk caregivers and the prevention of psychological neglect were discussed.

DIMENSIONS OF WELL-BEING AND STRESSORS EXPERIENCED BY DAUGHTER AND SON CAREGIVERS OF PHYSICALLY VERSUS MENTALLY IMPAIRED PATIENTS IN NURSING CARE CENTERS

E.J. Bata, University of Maryland University College
College Park, MD 20742

Although adult children caring for disabled parents in community settings frequently report multiple stressors and diminished well-being, little attention has been given to adult child caregivers of physically or mentally disabled parents in nursing centers. This study examined differences in levels of psychological distress and sources of stress experienced by caregivers of institutionalized parents, based on the type and severity of parent impairment and caregiver gender. One hundred and sixty-six children of parents in four licensed nursing centers completed the Brief Symptoms Inventory (Derogatis, 1982), the Caregiving Hassles Scale (Kinney & Stephens, 1989), and a perception statement on the level of parent impairment. Analysis of data revealed that children of patients with dementia experienced a significantly higher level of depression and greater patient behavior hassles and patient cognitive hassles than children of parents with physical impairments. The level of the impairment, however, made no notable difference in caregiver psychological well-being. Gender of the caregivers was found to be a strong predictor of psychological well-being. Daughters were associated with greater levels of depression and anxiety; whereas, sons were associated with greater levels of hostility. Moreover, nursing home hassles, especially the practical logistical aspects of caregiving, contributed the most to caregiver hostility. Implications for helping professionals are discussed that include education forums, social support, and on-site counseling for adult child caregivers.

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RESEARCH TRENDS IN FAMILY GERONTOLOGY: WHAT WE'VE LEARNED, CHALLENGES AHEAD.

K. A. Roberto, K. R. Allen, & R. Blieszner, Ctr. for Gerontology, Virginia Tech, Blacksburg, VA 24061.

Within the field of gerontology, the study of families has emerged as an important area of inquiry. The purpose of this project was to develop a comprehensive review and analysis of the family gerontology literature that would provide the foundation for future research in the 21st century. We identified 838 empirical articles with a family-level focus published in the 1990s in 13 social science journals. Samples for the studies came from national and regional databases, 36 states, and several countries. Cross-sectional designs (79%) and quantitative methods (77%) predominated the research. Regardless of the type of study, interviews served as the primary data collection tool. Only a minority of authors (18%) clearly identified the theoretical frameworks guiding their work, with stress (27%), life course (16%), and exchange (14%) models most frequently cited. The primary focus of one-third of the research was caregiving. Other common topics included social support and social networks (14%), and parent-child relationships (10%). During the 1990s, the study of late life families grew into an area of inquiry describing the complexity, malleability, and variety of family connections in the second half of life. Future investigations must employ broader contextual and theoretical frameworks and implement more advanced research methodologies in order to understand better the intricacies identified in family lives of older adults.

CORRELATES OF SPOUSAL INTERACTION: A TIME BUDGET ANALYSIS.

I. Okraku, Department of Sociology, Saint Mary's University, Halifax NS Canada

The interactions of elderly Canadians with their spouses were analyzed using time budget methodology. The method allows a quantitative analysis of spousal interaction based on how much time is spent doing activities together. The data are drawn from 24-hour activity diaries collected from a national sample of 10, 749 (including 1194 married elderly aged 60+) by Statistics Canada as part of the 1998 General Social Survey. For each activity, respondents recorded their companion (spouse, children, other family members, friends, or alone). This study focuses on time spent with spouse compared with other social contacts, as well as the predictors and effects of the interaction. The results show that the married elderly average about 465 minutes a day in activities with spouse, 323 alone, 57 with friends, and 27 with non-household children. By contrast, the unmarried spend much of the day alone (624 mins.), but interact more with friends (93 mins.). Time with spouse is higher for those living with spouse only, at older ages, and for those with lower education. Sex and health status have no significant effects, though poor health seems to boost interaction time. Spending more time with spouse shows the expected positive effects on feelings of happiness and general satisfaction with life. The results are consistent with existing findings on marital relationships and satisfaction among the elderly.

MODERATING VARIABLES IN THE RELATIONSHIP BETWEEN MARITAL HAPPINESS AND DIVORCE

Anne Laurel Marenco, Ethel Percy Andrus Gerontology Center, 3715 McClintock Avenue, Suite 218C, University of Southern California, Los Angeles, CA 90089-0191

Marital Happiness has been shown to be a significant predictor of divorce, but are there factors that intervene in this relationship? This study used hazard modeling with time-dependent covariates to investigate marriages over the course of 26 years. For males the marital happiness-divorce relationship is moderated by the age at which they married, their employment status, and whether their parents had divorced. All of which were positive predictors of divorce. The most significant finding was that they were seven times more likely to divorce if their parents had divorced. For females the number of children living in the home was a positive predictor of divorce and those females that married in later cohorts were more likely to divorce than those marrying in earlier cohorts.

MARITAL INTERACTION IN MIDDLE AND OLD AGE. A PREDICTOR OF MARITAL SATISFACTION?

M. Schmitt, M. Martin, German Centre for Research on Ageing, Bergheimer Str. 20, 69115 Heidelberg, Germany
A. Shapiro, Department of Sociology, Anthropology, and Criminal Justice, University of North Florida, USA

Many studies point out the importance of marital satisfaction for well-being. However, although being married is still the norm in middle and old age, research on marital satisfaction mainly neglects long-term marriages. While research on short-term marriages focuses on partner fit, marital interactions should be more important for marital satisfaction in long-term marriages. In this paper we examine the role of both stable, dispositional factors and of marital interaction in predicting marital satisfaction in long-term marriages in middle and old age. With data from 722 middle aged and old married women and men from the Interdisciplinary Longitudinal Study on Adult Development (ILSE), we examined age and gender differences in the role of marital interaction for producing high levels of marital satisfaction. Results show that a better quality of marital interaction is more important for the well-being of women, probably because they are in the process of critically reviewing their goals for marital interaction and their traditional gender role There seems to be no age effect: although members of the older cohort may have had more time to redefine their relationships, conventional barriers might be in the way of truely changing the style of marital interactions. Findings are discussed in the context of approaches to support marital satisfaction in long-term marriages.

DIMENSIONS OF MARITAL QUALITY AND RETIREMENT

A. Davey, Department of Child and Family Development, McPhaul Center, University of Georgia, Athens, GA 30602, M. E. Szinovacz, Glennan Center for Geriatrics and Gerontology, Eastern Virginia Medical School, Hofheimer Hall, Suite 201, 825 Fairfax Avenue, Norfolk, VA 23518

This study addresses three aspects of marital quality in relation to husbands' and wives' retirement transition. We examine whether the constructs of marital conflict and marital integration are affected by the transition to retirement, whether retirement influences latent means of marital quality, and whether the retirement transition alters stability of and cross-spouse influences on marital quality. We used data from both waves of the NSFH to address these questions (N = 407 couples for wives' retirement, and N = 550 couples for husbands' retirement). Results suggest that the structure of marital conflict is unaffected by husbands' and wives' transition to retirement, but that wives' continued employment may be associated with greater conflict longitudinally. Husbands' and wives' constructs of marital integration differ from one another, but are unaffected by wives' retirement. Husbands' retirement affects the construct of marital integration, specifically joint time together and potential for divorce.

THE ROLE OF WISDOM IN INTERGENERATIONAL RELATIONSHIPS

K. Brabazon, Robert Wagner Graduate School of Public Administration, New York University, New York, NY 10012

Intergenerational programs offer the opportunity for younger people to engage in interactions with older adults, which allows them to see beyond the mental decline associated with cognitive mechanics, as the brain and body age, and engage the dimension of elders that continues to develop with age. This pilot study attempts to provide a preliminary assessment of the impact of wisdom on young people involved in 15 selected intergenerational programs in New York City. The study uses the model of the aging mind proposed by Paul Baltes, which distinguishes cognitive mechanics from cognitive pragmatics, as an important part of the its framework. Using this framework, two variables for measuring the impact of wisdom on younger people were used: learning life skills and developing an improved understanding of the self. Supervisors of the programs were asked to observe young participants through reflection activities - such as group discussion or journal writing – and note whether they provided comments relating to acquisition of life skills or improved understanding of the self. 60% reported acquisition of life skills and 45% reported improved understanding of the self.

IMPACT OF INTERGENERATIONAL SERVICE-LEARNING ON STUDENTS AND OLDER VOLUNTEERS

K. Hyer, Training Academy on Aging, M. Kaplan, Department of Gerontology, P. Torcellini, Training Academy on Aging, University of south Florida, Tampa, FL 33620.

As a service model, intergenerational programming has proved successful in bridging the gaps between the young and the old, education and practice. This project was designed to introduce experiential learning about older people into an undergraduate course on gerontological counseling. Students were matched with senior volunteers in the Foster Grandparent Program, the Senior Companion Program, or with Grandparents Raising Grandchildren support groups. This experience exposed students to a diverse group of elders from well, high functioning volunteers to frail, needy clients. Students had the opportunity to practice counseling, empathy, and assessment skills taught in class and to process their experiences in the classroom setting. A total of 20 students and 37 volunteers participated in the pilot project. Preliminary findings indicate the interactions proved to be beneficial for older volunteers as well as for the student. Measurement outcomes include changes in students' attitudes and knowledge about elders. Correlations between satisfaction with program and the degree of comfort will also be calculated for students and mentors. A photo display of interaction of volunteer/students will be included in the presentation.

CONVERSATION PARTNERS FOR NURSING HOME RESIDENTS WITH APHASIA AN INTERGENERATIONAL SERVICE-LEARNING PROGRAM

E.M. Hickey University of Washington, Seattle, WA 98105, M.S. Bourgeois, Florida State University, Tallahassee, FL 32306-1200, L.B. Olswang, University of Washington, Seattle, WA 98105

Innovative ways to promote social interaction for nursing home residents with aphasia using cost effective service delivery models are needed. The purpose of this study was to examine the benefits of an intergenerational service-learning program for undergraduate communication disorders students who were trained to be conversation partners for nursing home residents with aphasia. Four students with no experience with aphasia were trained to converse with two nursing home residents with moderate-severe nonfluent aphasia. Rating scales, interviews, and questionnaires were used to demonstrate the quality of the students' learning, as well as service to the elders. Rating scale responses were positive and consistent over time for the residents, and improved from negative or neutral to positive for the students. Resident questionnaire responses revealed that both residents enjoyed the increased social interaction. Student interview data revealed changes in quality of communication, pride with learning the trained skills, and more positive attitudes toward nursing home residents with aphasia. These themes will be described in the presentation. Training college students as conversation partners of nursing home residents with aphasia appears to be a worthwhile service-learning program for the students and the residents. Further educational implications and recommendations will be discussed in the presentation.

GRANDPARENTS AND DIVERSITY: IMPLICATIONS FOR INTERVENTIONS WITH AFRICAN-AMERICAN AND LATINO CUSTODIAL GRANDPARENTS, C.B. Cox,

Graduate School of Social Service, Fordham University, 113 W. 60th St., New York, New York 10023.

The increasing prevalence of grandchildren being raised by grandparents has been most dramatic among African Americans and Latinos. The needs of these grandparents are not going unnoticed as support groups and other services have developed throughout the country. This paper describes the way in which an intervention to strengthen these grandparents, empowerment training, was developed to meet the needs of these two ethnic groups. Findings from the program underscore the need for such interventions to be sensitive to the distinct cultures and traditions of the grandparents. Each group has its own history, culture, and normative roles. Understanding these roles and the meaning of such cultural traits as respect and familism is essential for program effectiveness. By recognizing such differences and the impact that they have on the lives of the grandparents, such programs can further strengthen and enable them both within the family and in the community. Suggestions and guidelines for program development will be given.

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THE EFFECT OF AFFECTIVE TIES WITH GRANDPARENTS ON THE SELF-ESTEEM OF GRANDCHILDREN ACROSS 26-YEARS

F. M. Yang, M. Silverstein, Ph.D. A. Marenco, M.S
Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191

In this paper, we examine the effects of early affectual solidarity between grandmothers and grandchildren on initial levels and rates of change in the self-esteem of grandchildren across a 26-year time period. We hypothesize that an affectionate relationship with grandparents will increase the self-esteem of the younger generation over time. We analyze data for 538 grandchildren (ages 16 to 26 years old in 1971) in the USC Longitudinal Study of Generations collected in 1971, 1985, 1988, 1991, 1994, and 1997. Results from growth curve modeling indicate that affection with grandmothers initially elevates the self-esteem of grandchildren. However, grandchildren with lower affection improve in self-esteem over time until after 26-years they are undifferentiated from those with greater self-esteem. We conclude that the grandchildren derive initial benefits from having close affectual relations with grandmothers, but these benefits are short-lived as the effect diminishes across time.

CENTRALITY OF WOMEN'S ROLES PREDICTED BY EMOTIONAL UNDERMINING AND MASTERY

A. Gupta[1], T.R. Norton[1], M.A.P. Stephens[1], A.L. Townsend[2], M.A. Berthoff[1] [1]Department of Psychology, Kent State University, Kent, OH 44242, [2]Case Western Reserve University

Stressful role experiences have been theorized to lead to devaluation of centrality (personal importance) of a role. The stress of emotional undermining (negative social exchanges) from a role partner may lead to lower centrality, in part, through a lowered sense of mastery or competence in that role. The purpose of this study was to examine the longitudinal relationships between role centrality, emotional undermining from a role partner, and role mastery among women who occupied all 4 roles of parent care provider, mother, wife, and employee. We predicted that increases in emotional undermining in a role would be related to decreases in role centrality. Changes in role mastery were predicted to mediate the relationship between emotional undermining and role centrality. The sample was 158 women who occupied all 4 roles over one year. In the parent care provider, wife, and employee roles, regression analyses indicated that increases in emotional undermining were associated with decreases in role centrality. In the employee role, path analysis indicated that change in mastery mediated the relationship between change in emotional undermining and change in centrality. Evidence of partial mediation was found in the wife role.

EFFECTS OF JOB, PARENTING, MARITAL STRESS ON JOB SATISFACTION AMONG MIDDLE-AGED COUPLES

Youngmi Bae & H.S. Lee
Dept. of Home Economics Education, Chung-Ang University, 221 Heugsuk-dong Dongjak-ku, Seoul, Korea 156-756

The purpose of this study was to investigate the effects of job, parenting, marital stress on job satisfaction among middle-aged husbands and wives. Data were collected from 131 employed husbands and 104 employed wives in their 40s and 50s who were living with children. Significant mean differences between employed husbands and wives were found for marital stress and parenting stress. Employed wives reported more marital stress and parenting stress than employed husbands. However, no differences in job stress and job satisfaction were found. The results from multiple regression analysis revealed gender differences in the effects of job, parenting, marital stress on job satisfaction among middle-aged husbands and wives. Job stress had a significant effect on job satisfaction for employed husbands, while job satisfaction of employed wives was predicted by marital stress. The results of this study suggest gender differences in the relationships between work and family experiences at midlife.

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CAREGIVING AND WELL-BEING: DO GENDER ROLE ATTITUDES AFFECT CAREGIVER WELL-BEING?

E. B. Reidy, Population Studies Center, University of Michigan, Ann Arbor, MI 48104

Combinations of work and family roles have been linked to depression among informal caregivers. However, an individual's interpretation of these role combinations may mediate the relationship between role combinations and psychological well-being. Research has found that holding roles contrary to one's gender role beliefs increases depression. The goals of this paper are to examine the relationship between caregiver well-being and gender role attitudes, beliefs concerning the appropriate home and work roles for men and women, and examine whether the influence of attitudes may differ according to type of care. The analysis is based on waves I and II from the National Survey of Families and Households. Gender role attitudes are measures by a respondent's scores on a six-item gender role scale. Respondents are classified into three groups: Egalitarian, Moderate, and Traditional. Caregivers are identified as providing non-coresidential care to non-kin, family, and co-residential care. Using logistic regression, I find that caregivers holding egalitarian attitudes are more likely to have high levels of personal growth and positive relations than caregivers with traditional gender role attitudes. However, gender role attitudes are not related to depression. In conclusion, research should be cautious in assuming that holding any two work/family roles, particularly those in combination with caregiving, will lead to greater psychological distress. My analysis indicates that the individual's interpretation of these roles, as assessed by gender role attitudes, plays an important role in psychological distress.

MULTIPLE CAREGIVING AND ITS EFFECTS ON CAREGIVER WELL-BEING: A NEW PERSPECTIVE ON "WOMEN IN THE MIDDLE"

D. Griffiths, Special Olympics, Inc., 530 East Harris Street, Savannah, GA 31401, M.W. Krauss, Brandeis University, M.M. Seltzer, University of Wisconsin-Madison.

This research crosses disciplines by exploring "multiple" caregiving: when older women care for both an aging family member or friend and an adult son/daughter with mental retardation simultaneously. The purpose of this study was to examine a) the scope of multiple caregiving in a sample of women caring for adult children with mental retardation in their homes, b) the social, physical, and psychological consequences of becoming a multiple caregiver, and 3) factors that moderate those consequences. Of the 118 women who were multiple caregivers, most took on additional caregiving responsibilities for a spouse or a parent. Nearly half (n=53) of multiple caregivers provided care to the *second* care recipient for 10 or fewer hours per week, and a third (n=38) provided care for more than 40 hours per week. Becoming a multiple caregiver was predictive of decreased participation in social activities ($p \leq .01$), poorer health ($p \leq .05$), and increased depressive symptoms ($p \leq .05$). Multiple caregivers with higher self-esteem experienced fewer depressive symptoms once they took on additional caregiving ($p \leq .05$). Multiple caregivers who reported less burden associated with their sons/daughters with mental retardation were in better health once they took on additional caregiving ($p \leq .05$). Policy implications revolve around the mental retardation service system as a "window of opportunity" for identifying caregivers who may need support.

ROLE AMBIGUITY IN FAMILY CAREGIVING.

P. M. Usita, S. Hall, J.C. Davis,
Department of Child Development and Family Studies, Purdue University, West Lafayette, IN 47907.

Role ambiguity occurs when specifications for expected roles are incomplete. Numerous factors contribute to role ambiguity for family caregivers including changes in the care recipient's health, changes in other role (e.g., employee, spouse) responsibilities, and delivering care in accordance with caregivers with other role responsibilities and potentially different beliefs about caregiving. Family caregivers that experience role ambiguity may experience frustration and irritation with caregiving, themselves, and other caregivers, and as a result, their ability to carry out care to their fullest capacity may be challenged. The study reported here examined role ambiguity and its effects on caregivers' perceptions of caregiving quality, self-satisfaction, and caregivers' relationships with each other through an analysis of an in-depth case-study. Two caregivers to the same family member, an older mother and her adult daughter, participated in two three-hour individual interviews and informal discussions about their caregiving experiences over a period of 10 months. Changes in the care-recipient's health, changes in the daughter's work and spousal responsibilities, and mother-daughter disagreement about caregiving responsibilities contributed to role ambiguity. Both were satisfied with the quality of care they delivered as a team and pleased with their own care deliverance. The mother expressed irritation and frustration with her daughter's lack of involvement in her life; the daughter expressed positive sentiments about her relationship with her mother. Increased communication may have lessened role ambiguity and caregiver frustration. Strategies for decreasing role ambiguity and the utility of role ambiguity in caregiving research will be discussed.

CAREGIVER BURDEN: A COMPARISON OF EMPLOYED SONS AND DAUGHTERS.

A.A. Blandford, L.A. Strain, and P.G. Hawranik, Centre on Aging, 338 Isbister Bldg., University of Manitoba, Winnipeg, MB, Canada, R3T 2N2.

While differences in caregiver burden between males and females have been reported, less attention has been given to gender differences among employed caregivers. This poster focuses on the relationship between gender and caregiver burden among a sample of employed adult children providing care in Manitoba, Canada. In total, 69 daughters and 57 sons completed in-person interviews.

Employed sons and daughters did not differ in terms of age, education level, amount of ADL/IADL assistance they provided, or the likelihood of caring for parents with cognitive impairment. Burden levels were similar between daughters working full- or part-time; too few sons worked part-time to make comparisons. Compared to sons, daughters reported significantly higher levels of overall caregiver burden and role strain but similar levels of personal strain, taking other factors into account. The importance of considering various dimensions of burden when studying gender differences is evident.

THE EXPERIENCE OF EMPLOYED CAREGIVERS: ARE THERE DIFFERENCES WITHIN ONE WORK SETTING BASED ON JOB CLASSIFICATION?

B.B. Shadden, R. DiBrezzo, Office for Studies on Aging, University of Arkansas, HPER 321, Fayetteville, AR 72701

An extensive questionnaire probing caregiving responsibilities/impact was distributed to 3100 employees at a state university, with a return rate of 31%. This study built on previous research on employed caregivers by examining job (and resource) differences among employee classifications (faculty, classified staff, and non-classified staff) within one institution. Close to 29% of the respondents indicated some caregiving responsibility for an elderly or disabled adult. Adult care-giving responsibility was associated with perceived poorer overall health, less satisfaction with health, and health problems standing in the way of doing things. Caregivers reported more problems with fatigue, lack of time for self, inattention to own health, and emotional stress, as well as more worry or stress related to health of self and family members, caregiving, the job, and family relationships. Caregivers also reported more difficulty combining work and family responsibilities than non-caregivers. Within caregivers, there were fewer significant differences based on job classification. Classified staff reported significantly lower satisfaction with health than other groups. There was also a trend for classified staff to report relatively more emotional and physical impact of caregiving. Not surprisingly, more classified staff identified themselves as *primary* caregivers. This poster session provides additional data on employed caregivers based on job classification.

TRANSITIONS TO CAREGIVING AND PSYCHOLOGICAL WELL-BEING: THE MODERATING EFFECTS OF MARITAL QUALITY

H. Choi, N.F. Marks, Human Development and Family Studies, 1430 Linden Dr., University of Wisconsin-Madison, Madison, WI 53706

Recent demographic changes have made transitioning into a caregiver role for family members and friends more of an expected role sometime during adulthood. Research has begun to indicate that it is important to consider how other adult roles may moderate the effects of transitioning into a caregiver role. Guided by a life course role theoretical perspective, this study explored whether the relationship between transition into a caregiver role (for a parent, spouse, disabled child, other kin, or other nonkin) and psychological well-being is moderated by marital quality.

Multiple regression models were estimated using longitudinal data from nationally representative sample of married adults aged 25 to 60 (the National Survey of Families and Households at both Time1: 1987-88 and Time2: 1992-93, N=2,755). Results indicated that marital quality mattered most for those who became new spousal and filial caregivers. For new spousal caregivers, lower levels of marital happiness were associated with a greater increase in depressive symptoms and less happiness over time, as well as lower ratings of personal mastery. Among new filial caregivers, lower levels of marital disagreement slightly moderated the negative effect of caregiving on happiness. No significant gender differences in the effects of a new caregiving role on well-being were found in this married midlife sample.

HEALTH-RELATED INTERACTIONS AND THE EXTENDED POSSIBLE SELF IN MARRIAGE

L.S. Pierce, C. Navarro, M.M. Franks, Institute of Gerontology, Department of Psychology, Wayne State University, Detroit, MI 48202

The relationship between lifestyle and health is established, contributing directly to the quantity and quality of life. Marriage conveys health benefits, notably in heart disease, and marital interactions are one venue for transmitting those benefits. This study examined the health-related expectations and interactions of wives (N=59) of patients with heart-related illnesses. Specifically, future expectations regarding the likelihood of a husband's ill-health, and subsequent caregiving responsibilities by the wives (labeled the "extended possible self"), were examined as predictors of health-related social support, control and undermining interactions with their husbands. Wives' outcome expectancy of these interactions was also explored. For these wives, possession of an extended possible self of caregiving was associated with more frequent engagement in all three types of health-related interactions. In addition, outcome expectancy regarding the effectiveness of wives' interactions on husbands' future health was related to more frequent support and control interactions. Thus, both an extended possible self of caregiving and outcome expectancy are involved in motivating health-related social interactions.

MARITAL AFFECTION IN CAREGIVING: ELDERLY HUSBANDS ARE MORE POSITIVELY INCLINED THAN WIVES

S.M. Wallsten, M. Quibrera, Duke University Medical Center, Box 3322, Durham, NC 27710

Cross sectional studies show that male caregivers report lower levels of stress in caregiving than do female caregivers, despite circumstances that may be more stressful. This paper examines whether mutuality (support and affection) between husbands and wives changes over time and whether it depends on gender and/or position as caregiver or care-recipient. Caregiving couples (n=118) were interviewed in their homes yearly in 1993-94, 1994-95, and 1995-96. Information was obtained on several measures including mutuality. While no differences were found between male and female care-receivers, male caregivers had consistently (over the three time points) and significantly higher mutuality ratings than female caregivers (Yr. 1: M for males vs. females = 87.3. vs. 78.3;Yr. 2: 86.4. vs. 75.4; Yr. 3: 93.7 vs. 76.7). A longitudinal analysis of the within-couple difference between caregiver

and care-receiver ratings was consistently and significantly greater for male than for female caregiver couples. The positive view of the marital bond may provide males with protection against translating everyday care of their wives as stressful.

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THE RELATIONSHIP BETWEEN RECOLLECTIONS OF CHILDHOOD PARENTAL RELATIONSHIPS AND CURRENT PARENT CARE IN THE MIDUS SAMPLE.

B. Carpenter, Department of Psychology, Washington University, St. Louis, MO, 63130.

This study examined adult childrens' recollections of childhood relationships with parents and associations between those recollections and current parent care. Data were from 3,485 interviews that were part of the Midlife in the United States (MIDUS) survey.

Notable demographic differences were found on recollections of family relationships. As a group, children reported more favorable relationships with mothers than fathers ($t = 16.18$, $p < .01$). In addition, sons had more favorable recollections of their mothers than did daughters ($t = 12.84$, $p < .01$). There also was a significant association between recollections of relationship quality and the intensity of emotional and physical abuse during childhood (r's $= .11$ to $.48$, p's $< .01$).

In terms of current parent care, hierarchical linear regressions suggested that gender, age, and relationship history with father were associated with current emotional care. No significant predictors were found for instrumental care. In a counterintuitive finding, children who had experienced emotional or physical abuse during childhood reported providing greater amounts of contemporary emotional and instrumental support to their parents. A lifespan developmental model of child-parent relations is used to interpret these results, with a focus on the longitudinal impact of conflict within families.

RETIREMENT EFFECTS ON PARENT-ADULT CHILD RELATIONS

M. Szinovacz, Glennan Center for Geriatrics and Gerontology, Eastern Virginia Medical School, Norfolk, VA 23507,
A. Davey, Department of Child and Family Development, University of Georgia, Athens, GA 30602.

Very little is known about retirement influences on kin relationships. We address this neglected topic, using a life course perspective that emphasizes diversity in retirement adaptations, selectivity in parent-child interactions, and the notion of linked lives. Results are based on multilevel panel analyses (GEE) of parent-adult child dyads (N=2,322) from the National Survey of Families and Households. Despite considerable continuity in parent-adult child interactions (visits and telephone contacts) over the retirement transition, women have fewer contacts with children living close by after they retire. Visits with geographically distant children increase among unmarried Black women but decline for unmarried White and married Black women. Among men, retirement effects are moderated by characteristics of the parent and the child (parent's race and marital status, child's gender, parenthood, and employment). Thus, retired men "catch up" with some children and target contacts away from other children (e.g., White men increase and Black men reduce contacts with childless children). These findings underscore the gendered nature of family work and intergenerational relations throughout men's and women's lives and defy stereotyped notions about men's and women's post-retirement activities.

PARENTS' RECEIPT OF INTERGENERATIONAL TRANSFERS AND THEIR PERCEPTION OF LATER-LIFE SUPPORT

Ching-yi A. Shieh
Department of Sociology, University of Maryland, College Park, MD 20742

Using the first wave of the National Survey of Families and Household data, this study selects 1953 parents who are 55 years old or older as the research sample, and explores to what extent parents' and adult children's characteristics simultaneously affect parents' current receipt of support from their non-coresident adult children. This study also examines whether the same set of factors influences parents' perception of adult children as a source of future support. By controlling for parents' living arrangements, this research also examines whether parents living with a spouse or partner tend to receive different level of support and have different perception of obtaining assistance from their non-coresident adult children.

This study found that only 3% of the parents have received monetary support, and only 38.3% of the parents have ever received any kind of non-monetary support from their adult children. However, more than 50% of parents would consider their adult children as a source for future support when they are in need. Logistic regression analyses found that having more daughters affects mothers' but not fathers' receipt of non-monetary support and perception of future support. Parents with poor health are less likely to receive monetary and non-monetary support, and are less likely to expect their adult children to provide future assistance compared to parents with other health status. Finally, this study suggests that a more complete social program is needed so that people with poor health can have better living quality in their later-lives.

PARENTS' AND ADULT CHILDREN'S VIEWS OF INSTRUMENTAL AND EMOTIONAL ASSISTANCE AS A FUNCTION OF NEEDS, RESOURCES, AND INTERGENERATIONAL SOLIDARITY

L.M. Belliston, T.K. Cook, & A. Davey, Child and Family Development, University of Georgia, Athens, GA 30602.

Gerontological literature has often demonstrated the "generational stake" phenomenon, in which there is a net transfer of resources down generations. A supplementary perspective on support exchanges is that this pattern emerges as a function of age-graded changes in the needs and resources of both generations. To test this hypothesis, we used data from 3,347 parent-adult child dyads (1,282 mother-daughter, 898 mother-son, 679 father-daughter, 488 father-son) in the second wave of the National Survey of Families and Households. In support of our hypothesis, we found evidence for the importance of needs and resources in predicting flows of instrumental assistance up and down generations, whereas importance of dimensions of intergenerational solidarity (aside from associational, necessary to provide instrumental aid) were largely absent. Predictors of emotional support were more complex: affectional and associational solidarity were important, but parents and children often differ systematically in their reports of the same exchanges. Implications for theory and practice are discussed.

Psychosocial Maturity of Older Fathers: Ego Development, Generativity, and the Relationship with Adult Children.

C.D. Stelle and N.W. Sheehan. School of Family Studies, University of Connecticut, Storrs, CT 06269-2058.

The nature and extent of older men's experiences as fathers in later-life families are poorly understood. For example, little is known regarding how older fathers perceive and assess the costs and benefits of their role. Employing a cognitive model of psychosocial maturity, the relationships among ego development, generativity, and the costs and rewards of fatherhood were examined. The sample consists of 96 older fathers (aged 52-80, M=67) who completed measures of ego development (Washington University Sentence Completion Test, WUSCT), generativity (Loyola Generativity Scale, LGS), and the costs and rewards of fatherhood (Parental Comparison Level Index, PCLI). Overall, fathers reported favorable relationships with adult children, relative to expectations, with higher reports of rewards than costs (PCLI). The most highly rated rewards; based on a scale of 1 being worse than I expect to 7 being better than I expect; include receiving pleasure from doing things for children (mean=6.13, SD=1.01) and watching their children continue to develop (mean=6.04, SD=1.14). The most widely endorsed costs include continued stress and worry (mean=4.61, SD=1.26) and passing on things they don't like about themselves (mean=4.47, SD=1.24). The relationships between feelings of positive generativity (LGS), generative doubts (LGS), and levels of ego development (WUSCT) were examined with respect to the measures of the costs and rewards of older fatherhood. The implications of the results are discussed in relation to the reconceptualization of the ideal and stereotyped images of fathers in later-life families.

INTERGENERATIONAL RELATIONS AND WELL-BEING: MODERATING EFFECTS OF TYPE OF PARENTAL IMPAIRMENT AND ROLE CENTRALITY

L. Li, & M. Seltzer, Waisman Center and School of Social Work, University of Wisconsin-Madison, 1500 Highland Ave., Madison, WI 53705.

Previous research shows that the well-being of midlife daughters is affected by their relationship with their aging parent. This study asked two further questions: Do the effects of relationship quality with the parent on the daughter's well-being vary depending upon (1) the parent's type of impairment, and (2) the centrality of the role of daughter?

Data from the 2nd wave of a three-wave longitudinal study of women were analyzed. Respondents included daughters who had a parent aged 60 or older. Information about the quality of the relationship with their parent, the parent's type of impairment, the centrality of the role of daughter in the daughter's life, and the well-being of the daughter was collected through interviews with the daughters and self-administered questionnaires. Results reveal that the effects of relationship quality on the daughter's well-being are stronger for daughters whose parent has either a physical or no impairment, compared to daughters whose parent has a mental impairment. Also, relationship quality has a stronger effect on the well-being of daughters who perceive the role of daughter as very important to them, compared to daughters whose role of daughter is less important. The findings suggest that midlife daughters benefit from a good relationship with their aging parents, however, the influence of the parent decreases as the parent loses the mental capability to maintain a normal parent-child relationship, and as the role of daughter becomes less important in the daughter's life.

Predictors of parent monitoring among adult children of older relocated parents.

M.L. Stevenson and V.R. Kivett, Department of Human Development & Family Studies, University of North Carolina-Greensboro, Greensboro, NC 27402

This study examined the following research question: Do structural factors, affect for child, and expectations for assistance predict the probability of parent monitoring by adult children? The sample consisted of 277 adults with one or more children from a larger study of 308 adults aged 65 and older who had moved across county or state lines since age 60. Older parents ranged in age from 65 to 97 years, were most often married, (74%), and reported average health scores of 6.9 on a 0 to 9 scale. Parents reported strong affect and moderate norms of assistance for children, while the average distance between parent and adult child was 4 to 6 hours away. Adult children were most often moderate to high monitors of their parents (64%), while fewer, (36%), monitored in lower levels or not at all.

The overall logistic regression model was significant (χ^2 = 60.87, df = 9, p < .001). Structural factors and affect significantly contributed to the probability of distinguishing moderate to high adult child monitors from those who monitor low to never. Moderate to high monitors were more likely to be associated with mothers, close proximity, and strong parental affect. Implications for research and practice are discussed.

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INTERGENERATIONAL EXCHANGE AND RELATIONSHIP QUALITY.

Clarissa Spawn, D. J. Kleesattel, & L.R. Hatch, Sanders Brown Center on Aging, Univ. of Kentucky, Lexington, KY 40536-0230.

Previous studies of American families have reported that adult daughters are more involved in intergenerational exchanges with their parents compared to adult sons. Greater involvement in such exchanges has been posited as an explanatory factor in daughters' stronger affective ties with their parents particularly their mothers. Using data from the National Survey of Families and Households and guided by exchange theory, this study examines how intergenerational exchanges impact perceived quality of relationships of young and mid-life adult children with their parent(s) (n= 7,201 respondents age 20-49 with at least one living parent; the subsample was limited to adult children with non-coresidential parents). As hypothesized, intergenerational exchanges help predict the perceived quality of daughters' relationships with their parents, especially their mothers. In contrast, the perceived quality of sons' relationships with their parents is less closely tied with exchange behaviors. The norm of reciprocity thus appears to be a stronger factor in adult daughters' relationships with their parents, particularly for mother-daughter relationships.

WHEN PARENTS BECOME FRIENDS: DEVELOPMENT AND VALIDATION OF A FILIAL MATURITY MEASURE

K.S. Birditt, K.L. Fingerman, E. Lefkowitz, & C. Kamp, Dept of Human Development and Family Studies, PennState U., State College, PA 16801

According to Blenkner, filial maturity is a developmental process by which the adult child begins to perceive the parent as a peer with both positive qualities and faults. At present, there are no existent measures of this construct. A brief scale was developed to assess 2 dimensions of filial maturity: recognition of faults and comprehension of other as like a peer. 406 college students (190 men, 216 women, mean age = 20.82) and a smaller sample of adults ages 24 to 62 completed the measure regarding their beliefs about either their mother or father. Based on principle component analyses and assessments of internal consistency reliability, a 9 item scale was developed that includes 2 subscales that are consistent with the theoretical dimensions. Future applications of this scale for the purposes of further validation and assessment of the parent-child relationship in adulthood are discussed.

LINKAGES OF FAMILY AND SOCIETAL INTERGENERATIONAL ATTITUDES.

R. Ward, Dept. of Sociology, SUNY at Albany, Albany, NY 12222.

Issues have been raised about intergenerational expectations and obligations at both family and societal levels, but few studies have looked at links between them. Interview data from 1200 Rs aged 40+ are used to address 2 questions. Are parent-adult child assistance norms based on personal and family circumstances? Do these in turn affect attitudes about societal intercohort relations? Both family and societal level expectations reflect "generational altruism." Personal family characteristics have little relation to general expectations about parents and children, but family solidarity is related to family expectations, primarily about children. Attitudes about societal level intercohort relations, such as support for senior programs, have little relation to personal family circumstances or solidarity; general political attitudes about the role of government are better predictors. Expectations about children, however, are related to attitudes about intercohort relations. Instead of substitution between family and societal obligations, solidarity at the micro (family) level is associated with solidarity at the macro (societal) level.

ADULT CHILDREN AND THEIR STEPPARENTS EXPLORING THE RANGE OF RELATIONSHIPS

Maria Schmeeckle Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191

As a result of increasing rates of divorce, remarriage and cohabitation, the structure of contemporary family relationships has become very complex Yet the influence of this complexity on perceptions of family relationships has gone unexplored This research examines the conditions under which adult children perceive stepparents to be full members of their family and/or as parents The data for this study comes from the USC Longitudinal Study of Generations, an ongoing 30 year study of linked 3- and 4-generation (mostly white) families Quantitative data from 1650 adult children, aged 16-68, who participated in the 1997 survey are supplemented with qualitative data based on in-depth interviews with 15 adult stepchildren Analyses revealed significant variation among adult children in their assessments of stepparents as family members or parents The qualitative data revealed that, despite the extremely wide range of stepfamily dynamics, participants have very similar cultural notions about what makes someone "family" or a "parent" Thus, relationships which appear on the surface as "family" or "parent" are not necessarily perceived as such by adult stepchildren The results are discussed in terms of the implications diversity of perceptions have for help and support, closeness, and interactions across the generations and the life course

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MENTAL HEALTH SERVICES AND POLICY IDENTIFYING AND REMOVING BARRIERS TO SERVICES

S H Qualls, Psychology Dept, CU-Colo Springs, Col Spgs , CO 80933-7150 and M Norris, Psych Dept , Texas A & M Univ, College Station, TX

PARTICIPANTS

P Hartman-Stein (Ctr for Hlthy Aging, Akron, OH), The Impact of Political and Economic Factors on Geriatric Mental Health Care

S. Bartels (Dartmouth U, Lebanon, NH), S. Borson, C. Colenda, W. Reichman (Amer Assn of Geriatric Psychiatry), Bridging Science and Mental Health Policy for Older Persons: We Know Treatment Works...So Why Are We Failing?

D. Nissim-Sabat (Amer. Psychological Assn, Washington, DC), The Role of National Organizations in the Future Public Policy Debate.

L. Fried (American Bar Association, Washington, DC), Obstacles to Mental Health Services to Persons with Alzheimer's Disease.

DISCUSSANT:

S. Zarit, (Penn State U, Univ Park, PA)

Recent decades have produced a strong research basis for arguing that mental health assessment and treatment benefits older adults and is cost effective. Yet even well trained practitioners have struggled to meet the needs of older persons within the current policy structure. The participants in this symposium bring various disciplinary and policy perspectives on what is wrong with our current delivery system and what needs to be done to fix it. Hartman-Stein begins with an historical perspective on factors that have influenced Medicare policies in ways that are not considered helpful by practitioners. Bartels and colleagues examine service delivery system challenges that impede translation of research into practice, and make recommendations to address those. Nissim-Sabat addresses the need for national organizations to collaborate to influence policies that affect older adults, including but not restricted to, mental health policies. Fried takes a specific case of regulatory practice that is dramatically affecting one population's (Alzheimer's patients) access to services.

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A 60-YEAR PROSPECTIVE FOLLOW-UP OF SUCCESSFUL AGING IN MEN

G.E. Vaillant, Department of Psychiatry, Brigham and Women's Hospital, Boston, MA 02115

Until now prospective studies of successful aging have begun with 50-60 year olds, not 20 year olds. Premature deaths, childhood variables and alcohol abuse have often been ignored.

The present study, arguably the longest in the world,follows 2 cohorts of adolescent boys (237 Harvard students and 332 Inner City youth) for 60 years or until death. Complete physical exams were obtained every 5 years and psychosocial data every 2 years. Predictor variables assessed prior to age 50 include 5 variables reflecting "fate": parental social class, family cohesion, major depression, ancestral longevity and childhood temperament and 7 variables reflecting (at least some) "personal control": alcohol abuse, smoking, marital stability, exercise, Body-Mass-Index, coping mech- anisms and education.

The 6 outcome variables (assessed individually and collectively) to assess successful aging at 70-80 include: four *objectively assessed* variables (physical health, death and disability prior to 80, social supports, and mental health) and two *self-rated* variables (instrumental activities of daily living and life enjoyment.)

Logistic regression suggested that 80% of "good" and "bad" agers 70-80 could be predicted by variables assessed prior age 50. More hopeful still, if the 7 "personal control" variables were controlled, the "fate" variables made no further contribution to quality of aging.

Is Perceiving and Managing Meaningful Continuity Linked to Adjustment In the Case of Adult-Onset Mobility Loss?

Jessica Scheer, National Rehabilitation Hospital Center for Health and Disability Research, Washington, DC, 20010 &

Mark R. Luborsky, Dept. Occupational Therapy, Wayne State Univ. Detroit MI 48202

Mobility loss is the leading cause of disability (38%) among adults. Most research examines physical or epidemiological issues and the acute stage of loss. Less studied are the psychosocial and long-term experiences of mobility loss. Consensus is growing about the need to ground interventions in adults' self-defined concerns and desired outcomes. Past studies suggest, both, that perceived continuities in meaning may reduce or amplify distress.

This paper evaluates three competing psychosocial theories (structural, constructed, and content-specific) about the continuity of meaning. Based on an ongoing 4 year study (N=212) of adult-onset mobility loss we use in-depth qualitative case data on the meanings and experiences of adult-onset mobility loss to: (1) describe and critically evaluate the competing theories; (2) identify methodological and conceptual limits to each; and (3) report two themes and patterns that support content-specific theories. [NIH grant #R01HD34940]

LIFE REFLECTIONS: SELF IN GENDER ROLE, RACIAL GROUP, PERSONAL IDENTITY AND ADAPTATION TO AGING

A. M. O'Hanlon, B. C. Brookover, Department of Human Performance and Health Promotion, University of New Orleans, New Orleans, LA 70148 and Xavier University of Louisiana, New Orleans, LA 70125

Life review is an activity which can serve different functions and occurs in diverse settings. Telling ones life story can instruct younger generations as well as impart meaning to the final fabric of life experiences. The current generation of older adults was a generation in transition with change occurring in many contexts. In their lifetime some formerly non-normative life experiences would become more common. The current study included student interviewers from gerontological classes who obtained the life stories from more than 60 people (age 65 and older). The structured interview included reminiscence questions about childhood, education, work, and family experiences.

Additional questions required the participants to reflect on their lives and the meaning of growing older. Analysis revealed recurrent themes centering around gender roles, racial group experiences, personal identity, and adaptation to aging.

EVENTS THAT CHANGE ONE'S LIFE IN THE COURSE OF VERY OLD AGE

Results of the Swiss Interdisciplinary Longitudinal Study on the Old-Old (SWILSO-O)

C. Lalive d'Epinay, S. Cavalli, C. Maystre, B. Vascotto
Center for Interdisciplinary Gerontology (CIG), University of Geneva, CH-1226 Geneva-Thônex, Switzerland

This paper deals with perceived disruptive events in the course of very old age. The events were recorded through a trigger question asked at each wave of interviews with a sample of octogenarians, in the context of a longitudinal study launched in 1994 and still under way.
The events were categorized according to their frequency, nature, and perceived consequences (gain or loss).
Analyses were based on the first four waves, spanning 42 months (1994-1998).

At each wave, about 40% of the octogenarians mentioned a significant change in their life. Altogether, from W1 to W4, three quarters of the survivors mentioned at least one significant change. 88% were losses, 9% gains. The overwhelmingly dominant category was that of negative ego-health events (75% of the losses), followed far behind by bereavement (14%), alter-health (6%), and institutionalization (3%). Interestingly, almost all the bereavements concerned close kin (only two deaths of friends were included).

Categorizing positive events is more difficult; one third consisted of weddings and births in the family, and 17% ego-health improvements, the remainder being made up of very singular events.

AGE DIFFERENCES IN MESSAGE PREFERENCES: TESTING SOCIOEMOTIONAL SELECTIVITY THEORY IN ADVERTISING

H. H. Fung, L. L. Carstensen, M. Johnson, Department of Psychology, Stanford University, Stanford, CA 94305.

Socioemotional selectivity theory holds that as people age and perceive time as more limited, they attach increasingly greater importance to emotional goals. The theory is well supported by findings concerning social preferences. Compared to younger adults, older adults are consistently more likely to prefer emotionally close social partners, and these age differences can be modified by manipulating perceived time. The present four studies ($\underline{N}$ = 43, $\underline{N}$ = 100, $\underline{N}$ = 223 & $\underline{N}$ = 245 respectively) test whether such findings generalize to advertisement preferences. Findings suggest that they generally do. Compared with younger adults, older adults showed more positive attitude toward messages with emotional appeal, and better recognition memory of information from those messages. When given a choice between emotional and non-emotional advertising slogans, older adults were also more likely to prefer emotional slogans than were younger adults. However, the studies only provide limited support for the role of time in these age differences. Supporting the role of time, the age differences in attitude toward emotional messages and recognition memory of information from those messages were reduced or eliminated after statistically controlling for time perspective. Moreover, at least for one advertisement, older adults decreased their preference for emotional slogans to a level similar to that of younger adults when their perceived time was experimentally expanded. Yet, consistent effects were not observed for another advertisement, or when perceived time was experimentally limited.

BODY DISSATISAFACTION ACROSS AGE AND GENDER: FUNCTION VS. APPEARANCE

M. Cramer, C. Murray
Department of Psychology, Saint Joseph's University, 5600 City Ave., Philadelphia, PA 19131

Traditionally, body image research has focused on young women and weight issues. This study considered both genders and body dissatisfaction as a function of aging anxiety and weight concern. In order to examine differences in body image perceptions, 150 men and women were administered the Figure Rating Scale, the Body Esteem Scale, and the Body Consciousness Scale. Subjects were divided into three age groups: college students, parents, and grandparents. The study examined differences between age and gender in global dissatisfaction with appearance, health and aging concerns, and specific body dissatisfaction. We expected that overall women would be more dissatisfied than men and older women and men would show more concern with aging changes than younger subjects. Although there were no differences between the genders on amount of body dissatisfaction, older men and women were more dissatisfied with their appearance than younger people. As expected, older people showed more concern with aging than younger people. Additionally, women were more concerned with aging than were men, as measured on the Body Consciousness Scale.

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MEASURING HEALTH IN DIVERSE POPULATIONS: RCMAR PERSPECTIVES

M. Ford, Henry Ford Health System, RCMAR, One Ford Place, 3E, Detroit, MI 48202.

PARTICIPANTS:

P.A. Arean and M. Rangel-Lugo. (UC San Francisco, San Francisco, CA 94143-0984) Evaluating Spanish Translations of the CES-D for Older Latinos.

K.M. Long, P.S. Reed, P. Hooker, R.F. DeVellis, & E.J. Mutran. (Center on Minority Aging, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599) Establishing the Appropriateness of Standard Measurement Tools for Use with Older African Americans.

S.L. Havstad, M.E. Ford, and C. Kart. (Henry Ford Health System, Detroit, MI 48202) Measuring Quality of Life: Reliability of the EORTC QLQ-C30 by Racial Group.

J. Teresi[1,2], K. Ocepek-Welikson[1], M. Ramirez[1], B. Gurland[2], R. Lantigua[2,3], D. Holmes[1] ([1]Hebrew Home for the Aged at Riverdale, Riverdale, New York 10471,

[2]Columbia University Stroud Center and New York State Office of Mental Health, C.U. [3]Associates in Internal Medicine) Psychometric Properties of the Care Dementia Diagnostic Scale: A Cross-Validation Using Item Response Theory.
DISCUSSANT:
A. Stewart (UC San Francisco, San Francisco, CA 94143-0984)

Health practice guidelines and public health policies are often based upon research using existing measurement instruments. Increasing attention is now being paid to racial and ethnic differences in the measurement of physical health and mental health constructs. It may be unrealistic to assume that constructs can be measured in the same way for all groups of people, since each racial and ethnic group has its own set of cultural characteristics. This symposium highlights the measurement work being conducted at the Resource Centers for Minority Aging Research. Data will be presented based on the CES-D, the MOS Social Support Scale, the SF-36, the QLQ-C30, and the Care Dementia Diagnostic Scale. An approach for evaluating the quality of Spanish translations will be discussed, as well as various approaches to examining measurement differences across racial and ethnic groups. This symposium will be useful to others attempting to expand their understanding of measurement in diverse populations.

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ROLE OF PHYSICAL AND COGNITIVE ACTIVITY FOR MAINTAINING FUNCTION AND INDEPENDENCE: THE WOMEN'S HEALTH AND AGING STUDIES

E. M. Simonsick, M.C. Carlson, National Institute on Aging, 7201 Wisconsin Ave., Suite 3C-309, Bethesda, MD 20892; Dept. Mental Hygiene, Johns Hopkins School of Public Health Suite 2-600, 2024 E. Monument St., Baltimore, MD 21205
PARTICIPANTS:
S. Volpato (National Institute on Aging) Physical Activity Among Older Women With Different Functional Status.
E.M. Simonsick (National Institute on Aging) Importance of Walking for Maintaining Physical and Cognitive Function in Disabled Older Women.
M.C. Carlson (Johns Hopkins University) Intensity of Cognitive Activity Predicts Long-term Physical Test Performance in Community-dwelling Older Women.
Y.L. Michael (Johns Hopkins University) Low Mastery Predicts Enacted Function Independently of Physical Performance.
J.D. Kasper (Johns Hopkins University) Declines in Physical and Cognitive Function as Predictors of Nursing Home Entry.
DISCUSSANT:
L.J. Launer (National Institute on Aging)

This symposium investigates the interplay of physical and cognitive activity for maintaining physical and cognitive function using longitudinal data from the Women's Health and Aging Studies (WHAS I and II). WHAS I was designed to examine the caus es and course of disability in 1,002 non-demented women age 65+ who represent the bottom 1/3 in terms of functional status in the community. WHAS II compliments WHAS I and consists of 436 women age 70-80 representing the top 2/3. First, we describe activity practices of older women and their functional, health and behavioral correlates. The next three papers demonstrate the importance of physical and cognitive activity and personal mastery for both physical and cognitive outcomes, independent of baseline health and functioning. We end by reviewing the implications of physical and cognitive decline and their interaction for nursing home entry.

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CRITICAL METHODOLOGICAL ISSUES IN ASSESSING ALZHEIMER'S DISEASE CAREGIVERS: BIOLOGICAL, COGNITIVE AND PSYCHOSOCIAL PERSPECTIVES

D. Loewenstein, Center on Adult Development and Aging, University of Miami School of Medicine, 1695 NW 9th Ave, Suite 3204, Miami, FL 33136
PARTICIPANTS:
P. Vitaliano, J. Scanlan, J. Zhang, M.L. Savage, I.C. Siegler (Department of Psychiatry University of Washington, Seattle,WA, 98195 and Department of Psychiatry, Duke University, Durham, NC 27710) Methodological Issues in the Assessment of Physical Health in Alzheimer's Disease Caregivers.
D. Loewenstein, S. Argüelles, C. Eisdorfer, T. Argüelles (Center on Adult Development and Aging, University of Miami School of Medicine, Miami, FL 33136) Methodological Issues in Examining Mediators of Distress Among Alzheimer's Disease Caregivers.
M. Kumar, A.M., Kumar, D., Waldrop, C. Eisdorfer (Department of Psychiatry and Behavioral Sciences, University of Miami School of Medicine, Miami, FL 33101) The Neuroendrocrine Consequences and Mental Health Outcomes Among Alzheimer's Caregivers: A Biologic Mediator Paradigm?
S. Arguelles, C. Eisdorfer, D. Loewenstein, T. Argüelles (Center on Adult Development and Aging, University of Miami School of Medicine, Miami, FL 33136) Cultural Considerations in Developing Measures to Assess Caregivers of Alzheimer's Disease Individuals.
DISCUSSANTS:
P. Lawton (Polisher Research Institute/PGC,c/o Temple Continuing Care Center, Philadelphia, PA 19141)
C. Eisdorfer (University of Miami School of Medicine, Miami, FL 33136)

Increasing attention has focused on the serious impact that providing care for an Alzheimer's Disease (AD) patient can have on caregivers' health and psychological well-being. Specific outcomes and relative effect sizes obtained in research studies on caregiving may be related to the type of measures used and the designs implemented. In this symposium theoretical as well pragmatic aspects of measuring cognitive, biological, psychosocial and health outcomes of AD caregivers will be explored. Methodological issues related to the selection of appropriate measures for different types of caregivers, particular those from diverse cultural groups will also be examined. Finally, innovative strategies to develop more effective instruments used to assess the effects of intervention research will be discussed.

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HOME AND COMMUNITY BASED SERVICES: OLDER CAREGIVERS' GENDER DIFFERENCES IN USE, INTEREST, AND ATTITUDES

S.B. Laditka, M. Pappas-Rogich, J.N. Laditka. State University of New York at Utica/Rome, Utica, NY 13504
Syracuse University, Syracuse, NY 13244.

That women predominate as caregivers is well established. Less is known about gender differences in caregivers' use of, interest in, and attitudes about home and community based services. We examine these issues with a sample of older caregivers (n = 170), who are members of an organization providing educational programs to older people in central New York State. A z-test of independent proportions was used to determine statistical significance. There were significant gender differences in service use by service type. Larger proportions of men used support groups and homemaker services than women. Larger proportions of women used home health care services and talked with clergy than men. Despite relatively modest service use, the majority of respondents expressed an interest in services; for most services, a significantly higher proportion of women expressed interest than men. The attitudinal results showed that a significantly higher percentage of men (59.3%) than women (33.9%) would rather use community services than ask family for help. In addition, a significantly larger proportion of women (84%) than men (51.9%) believed the government should provide more services. We discuss how knowledge of attitudes improves our understanding of service preferences, demand, and use.

Knowledge of Long-Term Care Services among Minority and Non-Minority Elders,

K.L. King, E.H. Bradley, S. A. McGraw, R.A. Moore, D.A. Buckser
Yale School of Public Health, 60 College Street,
New Haven, CT 06520

Previous studies have identified knowledge of health care services as a possible explanatory factor for long-term care service use. The objectives of this study were to describe existing gaps in knowledge concerning long-term care (LTC) and to assess the degree to which LTC knowledge varies by race. Data were collected via telephone survey of randomly selected Medicare beneficiaries in Connecticut, aged 65 or older and stratified by race (white vs African American). Responses (n= 215, response rate = 50.8%) were analyzed using bivariate and multivariate methods. Findings demonstrate that while nearly all elders could describe nursing home (97.7%) and home care (88.8%) services, far fewer had heard of assisted living (66.0%) or adult day care (76.7%) services. Further, the vast majority of elders were misinformed about the costs of long-term care services, with only between 15% and 40% reporting the correct cost, depending on the service. Differences in knowledge by race were apparent and varied by type of service; African American elders were significantly less likely ($p<.05$) than white elders to know about assisted living or to estimate nursing home costs correctly; however, they were more likely than white elders to know about home care services ($p<.05$). Differences in knowledge of services persisted after controlling for age, gender, marital status, and education. The study reveals important gaps in knowledge, which may limit perceived options for LTC among older adults.

THE EFFECT OF THE NEW PROSPECTIVE PAYMENT SYSTEM ON MEDICARE BENEFICIARIES RECEIVING HOME HEALTH SERVICES.

R. Ferry[1], J.W. Elias[2], J Treland[2] [1]Home Care Plus, 1698 Meadow Wood Lane, Reno, Nevada 89502 and [2]Sanford Center on Aging, Univ. Nevada, Reno, Reno, Nevada 89577.

The purpose of this study was to quantify the impact the prospective payment (PPS) regulations are having on the health outcomes of Medicare recipients who use home health (HH) services. Patients were scored using the OASIS assessment format and case mix weights were applied to the federally mandated formula to determine allowable covered services under the new prospective payment system. These results were compared to the amount of care deemed necessary as evaluated by experienced home health nurses. Results showed significant variations in what nurses determined as safe and appropriate amounts of care for Medicare patients and in what the PPS formula allows for coverage. By example, for one patient, an 85-year-old diabetic female with chronic heart and lung problems, the home health nurse determined the patient needed 10 skilled nursing visits and 26 home health aide visits in a two- month period. The PPS formula would only cover a total of 22 visits. It appears that major gaps in care and services are occurring in home health due to case mix weights that are not substantial enough to permit coverage that adequately meets patients needs.

THE DIFFERENCE OF UNDERSTANDING OF TEAM WORK AMONG PROFESSIONALS IN GERIATRIC SETTINGS IN JAPAN -A PILOT STUDY OF TEAM WORK-

C. Matsuoka, Kagawa Prefectural College of Health Science, Takamatsu, Kagawa, 761-0123, Japan, H. Ishikawa, Faculty of Social Work, Japan Lutheran College, Mitaka, Tokyo, 181-0015 Japan,

In Japan, the new social care insurance system for the elderly just started in the year of 2000. This system emphasizes care management and team work approach among geriatric professionals such as social workers, care workers, nurses, OT/PT and physicians. However, there are very little studies about the team work approach in Japan. The purpose of this study is to discuss the difference of the understanding of team work among geriatric professional workers and to build a data base for future research on this topic. This will be a pilot study. Respondents were 209 (59 male and 150 female) geriatric professionals working in nursing homes, day service centers and so on. The data was collected using a self-report questionnaire at the Council of Social Welfare in Gunma Prefecture in January and February of 2000. The scale of team work consisted of 25 items, includes the understanding of interdisciplinary, multidisciplinary, and trans-disciplinary team work.

Homogeneity Analyses were conducted to examine the difference of the understanding of team work among social workers, care workers and nurses. As a result of the first Homogeneity analysis, we removed 10 items because of the low explanatory power and the analysis was conducted again. The result indicated that there were two main factors, one was a multidisciplinary factor and the other was an inter- and trans-disciplinary factor. This showed that there were clear differences of understanding of team work between care workers and nurses. That is, care workers might regard team as multidisciplinary, and on the other hand, nurses tend to regard it as interdisciplinary. The care workers' understanding of team work was different from that of nurses' and this might suggest that the difference of understanding about team work causes role conflict between care workers and nurses and interrupts effective team work in geriatric settings in Japan.

THE IMPACT OF EARLY INTERVENTIVE SOCIAL SERVICES ON INSTITUTIONALIZATION AND QUALITY OF LIFE AMONG LOW INCOME ELDERS

A. Shapiro, Department of Sociology, Anthropology, and Criminal Justice, University of North Florida, Jacksonville, FL 32224.

A longitudinal community-based demonstration project was conducted to test whether the provision of core social services earlier than they are normally provided improves the quality of life and reduces institutionalization among poor elderly persons. Subjects (*n*=105) were recruited from among elderly persons on a waiting list for community-based social services. Subjects were randomly assigned into an experimental group, which received social services, and a comparison group, which did not receive services. Telephone assessments were conducted with all subjects at baseline and every three months thereafter for 2 years. Results indicate that the service intervention substantially lowered the risk of institutionalization, depression and limitations due to health, and increased mastery and satisfaction with social relationships. This program provides compelling evidence that providing social services earlier improves elders' quality of life and may curtail spending for institutional care.

A FRAMEWORK FOR EVALUATING HOME CARE DATA SYSTEMS

M.Finlayson, Nova Southeastern University, 3200 S. University Drive, Ft. Lauderdale, Florida, USA, 33323
L.Mitchell & C.Black, Manitoba Centre for Health Policy and Evaluation, University of Manitoba, Winnipeg, Manitoba, Canada

Concerted efforts have been made over the past 10 years to develop, test and implement data systems to manage and measure the extent and quality of home care service delivery. The result has been an array of home care assessment and care planning systems. Home care planners and policy makers are now faced with deciding what data system to use. As part of an evaluation of home care data systems in Manitoba Canada, a two component framework for evaluating home care data systems was developed. The first component recognizes that any home care data system must satisfy the data needs of a continuum of stakeholders including clients, staff, administrators, policy makers and researchers. The second component recognizes that each home care data system has many dimensions. Issues such as the system's history, purpose, content, psychometric properties, field operations, and implementation success must be considered. The poster describes the Home Care Data System Evaluation Framework, and illustrates its key features using the Manitoba evaluation as a case study. The Manitoba evaluation compared the Screening, Assessment and Care Planning Tool (SACPAT) to the Resident Assessment Instrument – Home Care (RAI-HC).

JOB STRESS AND JOB DISSATISFACTION OF HOME CARE WORKERS IN THE CONTEXT OF HEALTH CARE RESTRUCTURING

M. A. Denton, I. U. Zeytinoglu, S. Webb, J. Lian, McMaster Centre for Gerontological Studies, McMaster University, Hamilton, Ontario, Canada L8S 4M4

This paper examines the impact of changes in the social organization of home care work due to health care restructuring on job stress and job dissatisfaction of home care workers. It reports the results of a survey of 892 employees from three non-profit home care agencies in a medium-sized city in Ontario, Canada. Survey results are complimented by data from 16 focus groups with 99 employees. For purposes of this study, home eare workers include both office (managers, supervisors, and co-ordinators, office support staff and case managers) and visiting (nurses, therapists and home support workers) workers. Focus group participants indicate that health care restructuring has resulted in organizational change, budget cuts, heavier workload, job insecurity, loss of organizational support, loss of peer support and loss of time to provide emotional laboring or the 'caring' aspects of home care work. Analyses of survey data show that organizational change, fear of job loss, heavy workload and lack of organizational and peer support lead to increased job stress and decreased levels of job satisfaction.

RISK OF INSTITUTIONALIZATION ASSOCIATED WITH THE TERMINATION OF A SOCIAL HMO

L.R. Fischer, HealthPartners Research Foundation, POB 1524, 8100 34th Avenue South, Minneapolis, MN 55440-1524, C.A. Green, M. Goodman, L. Phelps, G.Amundson, M. Kelley, K. Brody, F. Wei, M. Aicken, W. Leutz

This study addresses the question: Does community-based long-term care prevent or postpone nursing home placement for at-risk elderly? We are following two panels of geriatric Social Health Maintenance Organization enrollees, one at HealthPartners (HP) in Minnesota where the Social HMO was terminated in December 1994 and one at Kaiser-Permanente Northwest (KPNW) in Oregon where the Social HMO continues to operate. A Social HMO provides in-home supportive services like personal care and housekeeping (far beyond skilled Medicare services) along with acute and chronic geriatric health care. The sample is comprised of persons enrolled at the HP and KPNW sites for at least four months in the baseline year, 1993 (N = 11,913). The outcome variable is long-term institutionalization, defined as 90+ days. In preliminary analyses controlling for age and gender, we find that rates of institutionalization increased over time at both sites, as expected, from the aging of the populations. However, the increase in long-term nursing home placement was substantially greater at the HP site after the termination of the Social HMO. The KPNW population was older at baseline and was more likely to die during the five year follow-up period. In further investigation of these data, we will use survival analyses to assess if differential mortality is a confounder.

THE IMPACT OF IN-HOME SERVICE USE ON EXPECTATIONS ABOUT FUTURE HOUSING CHOICES

P.S. Mayberry, Ithaca College Gerontology Institute, Ithaca, NY 14850

This presentation addresses the impact of experience with home and community-based services on expectations regarding relocation. The study is based on a longitudinal study of more than 800 older adults that explores residential change and quality of life. In the first wave of data, 66 community-dwelling respondents reported having received in-home services including home-delivered meals, home health visits, or homemaker services. Half of these individuals were sure about their future living arrangements – saying they were certain they would remain in their homes or believed that there was "absolutely no chance". Follow-up semi-structured interviews with 20 of these "sure" respondents, half of whom had moved, explored perceptions about availability of home services, options for remaining at home with services, and life circumstances that changed or supported expectations about residential change. Results suggest that experience with specific services does not lead to an understanding of the service system or knowledge about the extent of home care available to community-dwelling older adults.

JAPANESE ELDERLY'S PERCEPTIONS OF LONG-TERM CARE PROGRAMS

Noriko Tsukada and Yasuhiko Saito,

Nihon University 4-8-24 Kudan-minami, Chiyoda-ku, Tokyo 102-8275 Japan

Japan has been implementing the national policy, "New Gold Plan," for the past 10 years to strengthen long-term care programs for its aging population. Although progress in service goal achievement has been reported, little is known about older people's perceptions of such programs. This study examines how the Japanese elderly perceive long-term care programs and the factors related to their perceptions. A portion of the nationally representative survey data collected in 1999 (n= 4,640) was used, and respondents were aged 65 and older. Preliminary analyses reveal that 43% of the respondents knew about the New Gold Plan. About 23% of them reported that they were satisfied with services in their communities. Also, 38% of the respondents expressed some reluctance in using home-help services as opposed to 20% of them who showed reluctance in using day services (respite care). This study highlights lags between the intention of the national policy and elderly's preferences in service choices and addresses cultural and political implications for long-term care program development and utilization.

INCREASE IN INFLUENZA VACCINATION RATES IN HOMEBOUND PREDOMINANTLY HISPANIC ELDERLY THROUGH A TQM/CQI-DIRECTED INTERVENTION

OL Rodriguez, L Veras, AG Golden, B Scott, M Brooks, K Hamdan, MA Silverman, Miami Jewish Home and Hospital for the Aged and GRECC, VAMC, Miami, FL 33125

Over a 4-y period we have progressively incorporated a TQM/CQI approach into our geriatrician-directed interdisciplinary case management model for the care of a large (3,688) homebound population. Our system coordinates medical and long-term care services but is not responsible for direct patient care. Interventions to address specific problems identified through analysis of the data collected are based on TQM/CQI techniques such as the plan-do-check-act (PDCA) cycle. Over time these interventions have been modified to effect change and improve quality according to current data. One area of particular recent concern has been the low influenza rate (40% from 1996-1998) in our predominantly Hispanic (Cuban) population. The intervention was based on data indicating that the barriers of risk (fear of side effects) were stronger than the benefits expected by these patients. We initiated an educational program for our case managers and health-care coordinators to help them understand the problem of and stress importance of flu vaccination in their continued telephone contact with their clients. Educational materials were also mailed to the clients, and their physicians were prompted regarding influenza vaccine recommendations. Results: Out of 483 clients 254 (52.6%) received the vaccine. Vaccination rates were higher in men (69.4% vs. women 50.7%). The most common reason for refusal was fear of side effects (30%), the physician did not have the vaccine available in 15% of the cases. Conclusions: TQM/CQI has significantly improved (30%) vaccination rates in our largely Hispanic (86.5/76.8%Cuban) population. Education in knowledge of improvement (TQM/CQI) is an important component in providing case management of the homebound. Improvement in this population indicates that barriers to immunization appear to be more educational than cultural.

EXAMINING THE EFFECTS OF ETHNICITY AND OTHER DEMOGRAPHIC VARIABLES ON SATISFACTION RESPONSES

S. Miyake Geron, Associate Professor of Social Welfare Policy and Research, Boston University School of Social Work, 264 Bay State Rd., Boston, MA, 02215; B. Keefe, Boston University School of Social Work.

One of the ongoing measurement issues in the use of outcome measures is the extent to which risk adjustment is needed due to the influence of client demographic characteristics or response sets. This is particularly true with satisfaction assessments in which these influences have been documented in previous research. This presentation reviews findings from several years of research using the Home Care Satisfaction Measure (HCSM), a multiple item measure of home care satisfaction for frail elders who receive home care services developed by Dr. Geron. To date, over 8,600 administrations of the HCSM have been completed in several states and programs. No risk adjustment of HCSM responses is warranted. Based on repeated regression analyses, home care satisfaction has not been related to race, gender, age or ADLs, and demographic variables account for less than 5 percent of the variation in HCSM responses. Findings will also be presented from the field demonstration sample that compares the ethnicity of respondents and home care workers. Analyses have been completed by The New England Research Institutes (NERI) and the author.

Methodological Pluralism in the Study of Culture Change in Long-Term Care

Dale Dannefer and Paul Stein
Warner School
University of Rochester
Rochester, NY 14627
danc@troi.cc.rochester.edu

Methods and findings of a two-year study of culture change in two long-term care facilities are described. Objectives include: effects of significant architectural renovation; indication of resident quality of life, care and health outcomes; indication of motivational, stress and interactive outcomes for staff, depiction of processes of change relative to organizational values and practices. Culture is conceived as a complex of social worlds reproduced in dynamic, momentary and archival processes of knowledge production and distribution within structural positions of power. Two new measures were developed in address cultural enactments (as observed in interactive structures of relationality) and in address cultural meanings (as articulated in canonical constitutions of self, aging, care, etc.) The *interaction matrix* is a Balesian measure, designed to assess the quantity, role origin and destination, content and reciprocation of speech acts. The matrix accounts for metabolic aspects of everyday interaction characterizing a social system. The second measure of *identity coherence* provides a quantitative translation of narrative viability (informational sufficiency, temporal orientation, agency, evaluation and informational density) as indexical of available cultural resources crucial for making sense and meaning. The supplement of such measures to traditional ethnography affords a systematic triangulation of socio-cultural data. The use of these measures is illustrated in appraising the results of the culture change effort.

CON REGULATION AND THE QUALITY OF NURISNG HOME CARE

David C. Grabowski, Department of Health Care Organization & Policy, University of Alabama-Birmingham, RPHB 330, 1530 3rd Avenue South, Birmingham, AL 35294-0022

Objectives Certificate-of-need (CON) laws and construction moratoria are policies designed to control government expenditures by limiting the number of nursing home beds in an area. Under CON, previous research has found that an increase in Medicaid reimbursement may actually decrease nursing home quality. Recent utilization trends have suggested that these policies may no longer be important towards constraining the growth of the nursing home market. This research examines whether an increase in the Medicaid reimbursement rate may improve quality in the context of CON for today's nursing home market.

Methods: Linking data from the Online Survey Certification and Reporting (OSCAR) system, the Area Resource File (ARF) and aggregate reimbursement information quality for all nursing homes in the United States, this paper examines the effect of Medicaid reimbursement on a range of structural (i.e. staffing), outcome (i.e. bedsores), procedural (i.e. medication errors, physical restraints, catheters, and feeding tubes) and composite (i.e. deficiencies) measures in the context of CON regulation.

Results: This analysis finds that – regardless of CON regulation – an increase in Medicaid reimbursement improves quality when represented by staffing or bedsores, but there is little effect when represented by the procedural or composite quality measures.

Conclusions: These findings provide some evidence that increased Medicaid reimbursement may be an effective means towards improving nursing home quality even in the context of CON regulation.

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EMPLOYED OLDER WOMEN WITH URINARY INCONTINENCE PERCEPTIONS AND RESPONSES.

Victoria L. Kirkland, MSN, RN, (Rutgers University, College of Nursing, 180 University Ave., #102, Newark, NJ 07102), Mary H. Palmer, PhD, RNC, Sheila Fitzgerald, PhD, RNC

Prevalence of UI and its impact on older working women are not well established. Many women do not report UI to a health care provider because they mistakenly believe UI is a natural part of aging. This situation exists despite the dissemination of the AHCPR Guideline for UI in Adults. Our aims were to 1) identify what older women with UI in a manufacturing setting attribute urinary leakage, 2) determine if an association between identifying a UI cause and reporting it to a health care provider exists, 3) determine how many were aware of the Guideline. Urinary incontinence was present in 54% (21/49) of the women. The majority (61%) has not told a health care provider. Most (57%) attributed urinary leakage to parity and a weak/slipped bladder. There was no relationship between identifying a UI cause and reporting it to a health care provider. Only 1 woman (5%) heard of the guideline; the majority wanted more UI information (81%). Information about UI needs to reach women in the workplace.

COPING WITH RELATIONSHIP DIFFICULTIES AGE DIFFERENCES IN CHOICE AND EFFECTIVENESS

D. Sorkin, K. S. Rook, (Dept. of Psychology and Social Behavior, University of California, Irvine), D. Morgan, J. Newsom, (Institute on Aging, Portland State University)

Although social relationships have been shown to contribute to well-being, they can also be a source of disappointment and frustration. The current study examined how older adults cope with relationship difficulties. Young-old (aged 65-74) and old-old (aged 75 and above) individuals were compared, drawing on theoretical perspectives that predict shifts in coping strategies as people age. A sample of 277 community-residing older adults completed a questionnaire that assessed relationship difficulties, relationship-focused coping strategies, and depression. Age differences in the choice and effectiveness of the coping strategies were examined. The results indicated that the number of relationship difficulties reported did not differ for the two age groups, but relationship difficulties were more strongly associated with depression among the young-old. The young-old were more likely than the old-old to seek support for interpersonal problems. Coping strategies that involved confrontation or efforts to compromise were associated with less depression among participants who were currently experiencing relationship problems, but only among the young-old. Implications for further research on relationship-focused coping will be addressed.

THE AGING SPIRIT: SPIRITUALITY AND AGING IN THE NOVELS OF JOHN UPDIKE AND LARRY MCMURTRY

B. Nash, 5734 N. Drake, Chicago, IL 60659.

This paper examines findings from gerontology on the topic of spirituality and aging and compares them with the portrayal of spiritual life in aging characters from imaginative literature. Most gerontological research on this subject uses a positivist, quantified approach to knowledge. This is not the best method to study individual experience. Imaginative writing better conveys the reality of life and the quality of experience, and this type of literature is best understood through textual analysis. The findings from gerontological and imaginative literature differ. Unlike gerontologists, the literary authors recognize that spiritual development is a struggle and that there is little social support for spiritual life.

A Group Therapy Program in the Nursing Home Promoting Dementia Expression The Feelings Art Project

S. Bober, E. McLellan, L. McBee, L. Westreich. The Jewish Home & Hospital, New York, NY 10025

Nursing home residents with Alzheimer's Disease and other dementias experience losses in areas of physical, cognitive, and family life. Despite profound declines in cognitive functioning, dementia sufferers continue to experience emotions. Many struggle to communicate these emotions verbally. The Feelings Art Project seeks to promote the communication of feelings in dementia sufferers, creating an outlet for emotional expression.

A Dementia Special Care Unit of a 514-bed academic nursing home offered an ongoing group therapy program for residents with Alzheimer's type and other dementias. This intervention was designed to tap into residents' feelings on a series of universal topics including family, work, holidays and seasons, using art as a vehicle for the expression of emotions. Employing visual, tactile, olfactory and audio stimulation, dementia sufferers were helped to find "voice" for their feelings.

Before and after the group, residents with limited verbal abilities were able to identify feelings using a visual recognition scale and verbal cues. Outcomes included a heightened ability to identify emotions and increased socialization among group members. This group therapy program employed art-based activities as a stimulus to facilitate uncommunicated emotion in severely demented nursing home residents.

CARING OR MARRYING AS A MEANS TO SOCIAL RETIREMENTS BENEFITS FOR WOMEN

P. Herd, Department of Sociology, Center for Policy Research, Syracuse University, Syracuse, NY 13210

In order to evaluate present U.S. Social Security reform proposals in regards to women, who rely most heavily on it in old age for income support, I analyze old age pension systems and their recent or impending reforms in Norway, Great Britain, and the United States. While women's marital and work patterns have been changing over the past 30 years, many state old age pension systems, including the U.S., are still structured around the patterns of an older generation where citizens receive benefits as either a worker or a spouse. While women have higher rates of labor force participation, many still have discontinuous work histories due to unpaid care for children and the elderly. And for many women, marriage is no longer an economic safety net for that care work. Consequently, many future old women will spend numerous years as neither a worker nor a spouse, thus reducing their benefits. I outline the general goals of old age pension systems to set a framework for understanding the three countrys' systems and their reforms. In order to evaluate the present systems' treatment of women, I use the Luxembourg Income Study to evaluate women pensioners present economic status, I describe the systems themselves, and recent reforms. Based upon an analysis of these three systems, their reforms, and women's changing life course patterns in regards to marriage and paid work, but continued responsibilities for care, I argue that the spousal benefit should be replaced with a benefit based upon unpaid care work.

WHICH WOMEN RETIRE EARLY OR LATE AND WHY R. O'Grady-LeShane, Boston College, Graduate School of Social Work & J.B. Williamson, Boston College Sociology Department, Chestnut Hill, MA 02467.

The 1994-96 Advisory Council on Social Security could not reach an agreement on a plan to offset the projected deficit in the social Security Trust Funds. Three fundamentally different approaches were proposed. Raising the retirement age is a component of one proposal.

Burkhauser, Couch, and Phillips (1996) analyzed beneficiaries who claimed Social Security at age 62 and found that the majority of beneficiaries who claimed early retirement benefits were in good health and could afford to retire early. Hence, they concluded that raising early retirement age would not negatively affect the majority of early beneficiaries. Although they did analyze male and female beneficiaries separately, gender differences were not large.

As part of a larger, two-year project funded by the Social Security Administration to assess different approaches to increase the economic well-being of women, this paper extends the work of Burkhauser, Couch, and Phillips. Utilizing the Health and Retirement Survey (HRS), it compares married and non-married women who claim early retirement benefits and those who delay retirement. Whereas married women receive economic protection from their marital status, non-married women are more vulnerable and are, hence, more adversely affected by raising the retirement age.

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LEADERSHIP STRATEGIES TO BUILD GERONTOLOGICAL COMPETENCE: THE JOHN A. HARTFORD STRENGTHENING GERIATRIC SOCIAL WORK INITIATIVE

J. Howe, Columbia Univ. School of Social Work, 622 W. 113th St., New York, NY 10025

PARTICIPANTS:

J. Howe, P. Maramaldi & B. Berkman (Columbia Univ. School of Social Work) Academic Leadership to Build Gerontological Competence: The Scholar Program Experience

P. Volland (New York Academy of Medicine, 1216 Fifth Ave., New York, NY 10029) Fieldwork Leadership to Build Gerontological Competence: The Practicum Program Experience

J. Zlotnik (Council on Social Work Education, 1725 Duke St., Alexandria, VA 22314) Organizational Leadership to Build Gerontological Competence: The SAGE-SW Experience

DISCUSSANTS:

Nancy Morrow-Howell (George Warren Brown School of Social Work, Washington Univ., 1 Brookings Dr., St. Louis, MO 63130)

Robert B. Hudson (School of Social Work, Boston Univ., 264 Bay State Rd., Boston, MA 02215)

The John A. Hartford Foundation of New York City inaugurated the Strengthening Geriatric Social Work Initiative in 1998. The initiative, comprised of three programs, aims to: improve social work practice with older adults through better education and training programs, develop outstanding faculty committed to geriatric social work, and increase the availability of aging-rich practicum sites. The symposium will review program strategies to develop organizational, academic, and fieldwork leadership to build gerontological competence in social work. Each of the three programs fosters leadership in geriatric social work in distinct, yet related, ways. They include: increasing the status of gerontology with social work organizations, governmental agencies, and other professional groups; a formal mentorship program by established leaders in gerontological social work; and allocating increased resources to the field.

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THE MILLENNIUM PROJECT PHASE I: A PUBLIC-PRIVATE PARTNERSHIP STUDYING THE DUAL-ELIGIBLE (MEDICAID/MEDICARE) POPULATION

N. Sacks, Clackamas County Social Services, P. O. Box 68369, Oak Grove, OR 97268

PARTICIPANTS:

J. McManus, N. Sacks, V. Palmer (Clackamas County Social Services, Oak Grove, OR 97268) Imperatives and Challenges for a Public Agency Partnering to Explore Issues in the Integration of Acute and Long Term Care with a Health System

M. London, C. Klug, S. Bell, N. Drew (Center for Outcome-Based Research and Education, Providence Health System, Tigard, OR 97223) Millennium Project Research Findings

C. Cheriel, K. Neville, D. Stone (Oregon Department of Human Resources, Senior and Disabled Services Division, Salem, OR 97310) State, Local and Private Partnerships: Data to Support and Design Integration of Acute and Long Term Care Services

DISCUSSANTS:

C. Klug (Providence Health System, Portland, OR 97213)

Federal and national attention is currently focused on designing services to meet the needs of a greatly expanded senior population. Nationally, the inte- gration of acute and long-term care is considered to have great potential to lower overall costs, reduce service gaps and duplication, and improve quality. Due to its unique system of community-based care and high penetration of managed Medicare and Medicaid, Oregon is a good testing ground to analyze the strengths and weaknesses of the current fragmented Medicaid and Medicare systems. Symposium will review findings from a study of 408 Oregon dual-eligible (Medicare/Medicaid) adults. Implications for program and policy changes at the local and state level will be suggested. Issues in inter-disciplinary and cross-cultural collaborations between public and private, social and medical service agencies will be discussed from the social services, health (medical) system and state perspectives.

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POLICIES AND PRACTICES IN ASSISTED LIVING

S. I. Zimmerman, Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill, 725 Airport Road, Box 7590, Chapel Hill, NC 27599

PARTICIPANTS:

J. Hyde (Hearthstone Alzheimer Care, Lexington, MA 02640) Data Collection and Analysis for Quality Improvement in Assisted Living.

R.Chapin, D. Dobbs-Kepper (University of Kansas, Lawrence, KS 66045) Assisted Living Policies and Practices: Implications for Aging-in-Place.

R.R Whitebird, R.A. Kane (School of Public Health, University of Minnesota, Minneapolis, MN 55455) Making Assisted Living Apartments Work: Challenges of Meeting High Needs in Homelike and High Service Environments.

S.I. Zimmerman, A. Scott, N.S. Park, M. Wetherby, S. Hall, A. Gruber-Baldini, L. Morgan, J.K. Eckert, J. Magaziner, R Hebel, V. Buie (Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, 29799) Social Function and its Relation to Service Provision in Assisted Living.

P.D. Sloane, S.I. Zimmerman, L. Hanson, J. Eckert, C.M Mitchell (Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, 29799) End-of-Life Care in Assisted Living.

DISCUSSANT:

J. Hyde (Hearthstone Alzheimer Care, Lexington, MA 02640)

Assisted living is a rapidly expanding form of residential long-term care that is expected to house more residents than do nursing homes by the year 2005. It differs from nursing homes because it is not federally regulated, and exhibits multiple forms of care. In response to concerns for resident well-being, assisted living has come under scrutiny, with a special focus on policies and practices. This session will use data from five studies of assisted living, to address some of the key themes that have pervaded the field: the need for (and an example of) a standardized resident assessment tool; admission and discharge policies and how they relate to functional dependence and medical need; issues related to training and retaining staff; relations with community organizations; the balance between resident safety and autonomy, including the use of managed risk contracting; strategies to assess resident social function and its relation to service provision; and end-of-life care. Recommendations for best practices and policy, based on study results, will be presented.

This session is sponsored by the International Assisted Living Foundation of the Assisted Living Federation of America.

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THE TRIAD OF DOCTOR-OLDER PATIENT-FAMILY INTERACTIONS IN DEMENTIA CARE: RESEARCH AGENDA AND EMPIRICAL FINDINGS.

L. Boise, Oregon Health Sciences University Alzheimer's Disease Center, Portland, OR 97201; R. Fortinsky, Univ. of Connecticut Health Center, Farmington, CT 06030; J.G. Schumacher, Bowling Green State Univ., Bowling Green, OH 43403.

PARTICIPANTS:

R. Fortinsky (Univ. of CT Health Center) Health Care Triads and Dementia Care: Integrative Research Framework and Illustrative Findings.

L. Boise (Legacy Health System) The Family's Role in Identification and Diagnosis of Dementia.

C. Connell (School of Public Health, Univ. of Michigan Ann Arbor, MI 48109) Results from Physician and Family Caregiver Focus Groups on Diagnostic Disclosure.

W. Arnold (Arizona State Univ., Tempe, AZ 85287) & D. Drumm, Patients, Caregivers, and Primary Care Physician Communication Relationships in Dementia Care.

J.G. Schumacher (Gerontology Program, BGSU) Confronting Cognitive Impairment in the Emergency Department (ED): Perspectives of Emergency Physicians.

DISCUSSANTS:

D. Roter (School of Public Health, John Hopkins Univ., Baltimore, MD 21205)

L. Gwyther (Duke Univ. MC, Durham, NC 27710)

MODERATOR: M. Ory (National Institute on Aging, Bethesda, MD 20892)

This symposium, sponsored by the Workgroup on Older Patients and Their Healthcare Providers, explores the complex process and outcomes of doctor-patient-family caregiver interactions surrounding dementia diagnosis and medical care. In dementia care the traditional provider-patient relationship is altered to accommodate caregivers as participants and decision-makers to varying degrees. Medical encounters might involve the identification and diagnosis of symptoms, discussions about symptom management and community support services, decisions about independent living, as well as end of life care. Dementia care interactions can occur in a variety of health care settings, such as physicians' offices and hospital emergency departments. Moreover, managed care pressures may influence the quality of interactions. Participants will present recent study results related to these critical issues in triadic dementia care interactions. Discussants will highlight lessons of presentations for clinical practice, as well as knowledge gaps that should be addressed in future gerontological research. Implications of triadic research for aging and health public policy will also be discussed.

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ASSISTIVE TECHNOLOGY SHOWCASE: OPPORTUNITIES FOR THOUGHT AND GROWTH

M. Parker, MKHP Associates, LLC, 112 South Pitt Street, Alexandria, VA. 22314

PARTICIPANTS:

C. A. Holmes, Seniors Research Group, Livonia, MI., 48152. Opinions About Assistive Technology Products Among Older Americans

D.M. Kutzik, A.P. Glascock, Center for Applied Neurogerontology, Drexel University, Philadelphia, PA 19104. Integrating Behavioral Informatics into a Comprehensive TeleCare System.

M. Parker, MKHP Associates, LLC, 112 South Pitt Street, Alexandria, VA. 22314. Comparison of Older Consumers in Two Experiments to Develop Monitoring Equipment to Detect Falls.

DISCUSSANTS:

Anne Long Morris, Ed.D., OTR, Elder Care Solutions, Springfield, VA. 22151.

Sunkyo Kwon, Ph.D.,

Humboldt University Berlin, Institute for Rehabilitation Sciences, Berlin, Germany

Assistive technology targeted to older consumers is a growing area of research and business development. Questions arise about how to best develop new technology to meet the needs of an aging population. This symposium brings together market research and practical experience in developing analogous technologies to assist older adults with activities of daily living and safety issues. How do older adults perceive assistive devices and other technology developed to assist them? Which comes first--the technology that then is adapted to the need or the need for which a technological solution is then formulated.

Social Research, Policy & Practice (21)
Interest Group: Technology and Aging (29)

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THE FATE OF LONG-TERM CARE IN THE HEALTH CARE REFORM DEBATE 1993-1994: LESSONS FOR THE FUTURE

J.M. Wiener, C.L. Estes, S. Goldenson, S. Goldberg, Urban Institute, Washington, DC 20037 and University of California, San Francisco, San Francisco, CA 94118

During 1993 and 1994, the United States debated but did not enact major health care reform. Although the major focus of reform proposals was on providing health coverage for the uninsured and controlling acute care costs, many proposals included substantial long-term care initiatives. For example, President Clinton proposed a large new home care program for the severely disabled of all ages and all income groups. The program would be run by states, but funded by the federal government. Importantly, by stressing nonmeans-tested public programs, the President's plan was a major departure from the current Medicaid-dominated financing system. This paper traces the political and intellectual history of long-term care during the health reform debate and draws lessons for the future.

CONSUMER CHOICE IN HOME AND COMMUNITY-BASED LONG TERM CARE: LEGAL AND POLICY IMPLICATIONS FOR DECISIONALLY INCAPACITATED CONSUMERS

M.B. Kapp, Office of Geriatric Medicine and Gerontology, Wright State University, Box 927, Dayton, OH 45401-0927

This paper reports on a research project examining legal and policy-relevant issues pertaining to choices about home and community-based, publicly financed long term care (LTC) under consumer choice and control models. Special focus is devoted to issues (e.g., the legal authority and monitoring of surrogate decision makers) that arise when the care recipient has a mental impairment, such as dementia, that substantially interferes with his/her capacity to act as an autonomous, informed consumer personally selecting rationally among various plan and provider options competing for the consumer's business in the LTC marketplace. Actual practice was studied through interviews with representatives of Area Agencies on Aging, government agencies, hospitals, and Alzheimer's Association chapters, as well as policy analysts and home care providers. Policy recommendations for better capitalizing on the potential of consumer choice and direction, while protecting the interests of decisionally incapacitated LTC consumers, will be presented.

Health and long-term care costs of the elderly in Japan

Tetsuo Fukawa, National Institute of Population and Social Security Research, Tokyo.

New long-term care insurance has started since April 2000. The principles underlying this new program are universality of coverage, financing through social insurance, freedom of choice by service users, reliance on a service market. The main purpose of the introduction of the program is to share the burden of caring for the elderly among all member of the society. However, a reduction of "social hospitalization", an induced stay in hospitals caused by non-medical social reasons, is expected because it is one of the major inefficiencies in Japanese health care system.

In this study, we deal with the total cost of health and long-term care for the elderly in Japan, and discuss future prospect from international perspectives.

LONG-TERM CARE: WHERE HAVE YOU GONE?

Robert A. Applebaum, S. Mehdizadeh, & J.K. Straker, Scripps Gerontology Center, Miami University, Oxford, OH 45056

The world of long-term care used to be simpler, or so we thought. The current long-term care picture has blurred considerably. Using data from a six year study of in-home and institutional long-term care in Ohio, this paper examines the changing nature of long-term care and identifies the key policy questions for the future. For example, Ohio's Medicare admissions increased from 30,000 in 1992 to 80,000 in 1997, while overall occupancy rates dropped. Assisted living capacity doubled, while occupancy rates fell. With the increase in both Medicaid home and community based waiver services and Medicare home health, the lines between short-term, intermediate, and long-term care are less than clear. This paper will focus on these changes and their implications for the future delivery system.

CONTROL, MEANING, AND SATISFACTION IN LONG-TERM CARE: A LONG-TERM CARE UTILIZATION MODEL.

J.R. Salmon and Larry Polivka. Florida Policy Exchange Center on Aging, University of South Florida, USF #30437, Tampa, FL 33620.

This research study tested the hypothesis that personal control and personal meaning contribute significantly to well-being and satisfaction with care among consumers of long-term care services. A sample of 294 long-term care consumers, age 60 and older (mean=80.4), was randomly selected from two publicly funded home care agencies, 43 assisted living facilities, and 17 nursing homes in two counties on the west coast of Florida. They had no to mild cognitive impairment and needed assistance with at least one instrumental activity of daily living (mean=3.7).

The Andersen and Newman model to explain health care utilization was adapted to explain long-term care utilization and satisfaction. With predisposing, enabling, need, utilization, and the mediating variables (mastery and purpose) entered, the model explained 47% of variance in life satisfaction, 55% of variance in depression, and 46% of variance in affect balance. The model also explained 27% of variance in satisfaction with care and 16% of variance in satisfaction with staff. Control (mastery) contributed to all models. Meaning (purpose) contributed to explaining depression and affect balance.

The findings show an important relationship between feeling in control of one's environment and well-being. In addition, mastery contributes to satisfaction with care. These findings suggest that quality of life and quality of care can both be enhanced by enabling long-term care consumers to be in charge of much of their care. Consumer education, staff training, and long-term care policy changes are suggested.

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PERFORMANCE MEASURES IN MEDICARE: ASSESSING HEALTH OUTCOMES, ACCESS AND PATIENT SATISFACTION

A. Bierman, Agency for Healthcare Research and Quality, 6010 Executive Blvd., Rockville, MD 20852 and S.C. Haffer, Health Care Financing Administration, 7500 Security Blvd. Baltimore, MD 21244

PARTICIPANTS:

J. Sangl, C. Zhan (AHRQ, Rockville, MD 20852) and E. Sekscenski (HCFA, Baltimore, MD 21244) Market Variations in Medicare Managed Care Consumer Assessment of Health Plans Survey

A. Bierman (AHRQ, Rockville, MD 20582) and S.C. Haffer (HCFA, Baltimore, MD 21244) The Impact of Patient level Factors on Functional Status: Results from the Medicare Health Outcomes Survey

E. Sekscenski (HCFA, Baltimore, MD 21244) Medicare Fee-for Service Modifications to CAHPS

P. Parks (HCFA, Baltimore, MD 21244) Performance Measurement in Medicare Fee for Service: Health Outcomes

DISCUSSANTS:

P. Elstein (HCFA, Baltimore, MD 21244)

K. Kizer (National Forum for Health Care Quality Measurement and Reporting, Wash., DC 20009)

Since 1997, HCFA has mandated collection of clinical and consumer satisfaction performance measures for Medicare managed care plans using population-based tools such as HEDIS and the Consumer Assessment of Health Plans (CAHPS). A functional status measure, the Health Outcomes Survey (HOS), is collected as part of HEDIS. HEDIS also includes clinical indicators of plan performance. HCFA is collecting this information for the purposes of informing beneficiaries in choosing health plans, supporting quality improvement activities within the plans, and monitoring and evaluating care provided by health plans. However, the majority of beneficiaries are still in fee-for-service. The feasiblity of fee-for-service equivalents for CAHPS and HOS are being tested. Symposium will present results on Medicare managed care plans from CAHPS and HOS and discuss challenges in performance measurement in Medicare managed care as well as design challenges for equivalent measures in the Medicare fee-for-service sector. These research findings will be discussed in the context of overall performance measurement efforts in the Medicare program and future quality improvement and program directions.

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PROFESSIONAL COMPETENCIES FOR EDUCATION AND PRACTICE: AN INTERPROFESSIONAL DIALOGUE

A. Rosen, Council on Social Work Education, 1725 Duke St, Suite 500, Alexandria, VA 22314.

PARTICIPANTS:

M. Gatz (Department of Psychology, University

of Southern California, Los Angeles, CA 90089)
G.P. Eleazer (for American Geriatrics Society, Columbia, SC 29209)
R. Gallagher (American Nurses Association, Washington, DC 20024)
S. Finkel (Council for Jewish Elderly, Chicago, IL 60645)

The development by health and mental health professions of gerontological/geriatric competencies is critical for enhancing educational curricula and determining continuing education, research, and interdisciplinary practice needs. Yet, developing acceptable competencies and making them operational are exceedingly complex tasks. Presenters from psychology, medicine, nursing, psychiatry, and social work will provide an update of the current status of competencies development in their own fields. The symposium will: 1. Share challenges of developing and implementing professional competencies; 2. Examine areas of congruence and difference among the professions; 3. Examine ways in which interprofessional collaboration can enhance the opportunity for all mental health, health and allied health professions to prepare competent practitioners who are able to work with a growing aging population.

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The Life and Times of Life and Times

One (59 minutes)/color videotape/1998
Produced by Emmanuel Laurent

What is aging? Why do the cells of our bodies die? Why do we live for eighty years instead of a hundred or a thousand? Can aging be 'cured'? With 'Methusela' flies and mutant worms, scientists are now beginning to understand the cells and genes that control biological time. It may have profound effect on our future.

In a highly entertaining way, this video explores a series of recent discoveries that have moved aging research from the scientific margin to an exploding area of contemporary biology.

Contact: James Vanden Bosch
Terra Nova Films
9848 S. Winchester Ave.
Chicago, IL 60643
800.779.8491; FAX 773.881.3368
e-mail jvb@terranova.org

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DOES RESEARCH MATTER? INTERNATIONAL PERSPECTIVES ON OLD AGE SECURITY REFORM

Fay Lomax Cook, Institute for Policy Research, Northwestern University, 2040 Sheridan Road, Evanston, IL 60208

PARTICIPANTS:
Peter Hicks (ELS Directorate, Social Policy Division, OECD, 2 Rue Andre Pascal, 75775 Paris CEDEX 16, France) A Coming Transformation of Retirement in OECD Countries? - Can Research Influence Policy Directions?
Jane Falkingham, (ESRC SAGE Research Group, London School of Economics, Houghton Street, London WC2A 2AE) Simulation and Social policy in an Aging Society
Lawrence Thompson (The Urban Institute, 2100 M Street, N.W., Washington, DC 20037) What Lessons Have We Learned from International Experience in the Reform of Public Pensions?
DISCUSSANT:
John Myles (Pepper Institute on Aging and Public Policy, Florida State University, Tallahassee, FL 32306)

At least since Comte, social scientists have been intrigued by the notion of a world in which science might supplement, if not replace, the usual practice of power politics in shaping policy outcomes. The past two decades have brought a wave of old age security reform in the developed democracies and the end of this reform process is far from sight. There are few policy domains in which research findings in the form of projections, forecasts and simulations have played such a prominent role in structuring the debate about reform. Has all this research mattered? Can it? This symposium brings together experts who have been active both in the creation and use of social science research in recent reform debates in a variety of national contexts. The presentations address the role of research in shaping the recent round of old age security reforms, the limits of research tools currently available, and highlight new directions for research that can contribute to old age policies for the 21st century.

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AGING, CYTOKINES AND SIGNALS.
R. A. Miller (Department of Pathology, Geriatrics Center and Institute of Gerontology, University of Michigan, Ann Arbor, MI 48109)
PARTICIPANTS:

R.A. Miller (University of Michigan). Age-related Changes in Protein Kinase Pathways that Mediate T Cell Activation.

S. Swain (Trudeau Institute). Critical role of IL-2 Production in Age-Related Immune Decline.

J. Sprent (Scripps Research Institute). Antigen-nonspecific T-Cells.

P. Marrack (National Jewish Hospital). Restraints on T-cell proliferation.

A. Nel (University of California, Los Angeles) Age-related Changes in the Signal Transduction Process.

This symposium brings together experts on the way in which aging alters communication among cells that mediate protective immune responses, with the focus on mouse models. Speakers will discuss age-related changes in the protein kinase pathways that mediate T-cell activation, the critical role of IL-2 production in immune decline, the manner in which cytokines, generated as a consequence of viral infection, lead to antigen-nonspecific T-cell clonal expansion, the loss of restraints on T-cell proliferative capacity in an in vivo adoptive transfer model, and age-related changes in the signal transduction process involving ERK and other members of the MAP kinase family.

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BIOLOGY OF AGING FOR NONBIOLOGISTS.
P. Starke-Reed (NIH, Division of Nutrition Research Coordination, NIDDK, Bethesda, MD 20892-7973)
PARTICIPANTS:

Michael Jazwinski (Dept of Biochemistry & Molecular Biology, Louisiana State University Health Sciences Center). What do invertebrate models of aging teach us?

Arlan Richardson: (Aging Research & Education Center, University of Texas Health Science Center at San Antonio). What can we learn about human aging from studying rodents?

Steven Austad (Dept. of Biological Sciences, University of Idaho): Aging is for the birds: new animals for learning how to retard aging.

David Finkelstein (Biology of Aging Program, National Institute on Aging): Latest findings in human and nonhuman cardiovascular research.

Pamela Starke-Reed (Division of Nutrition Research Coordination, National Institute of Diabetes & Digestive & Kidney Diseases): Can dietary supplements slow aging and improve health?

Many of the advancements in our understanding of the aging process have arisen from the utilization of mammalian and invertebrate animal models. However, the technical jargon of biological discourse often obscures nonbiologists' appreciation of new and exciting advances. This symposium will use nontechnical language to focus on what we have learned and what more there still is to tease out about human aging from the study of other species including worms, flies, mice, rats, and birds. The audience will gain insight as to how the very diverse and seemingly unlikely models of human aging are yielding up the secrets of biological aging. The symposium should also provide an understanding of how basic biology can be used to devise appropriate molecular (gene manipulation) and environmental (calorie restriction) treatments to modify human aging rate.

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ELDER SELF-NEGLECT: SPECTRUM OF CHALLENGES FROM DETECTION TO INTERVENTION
J. O'Brien, Division of Geriatrics, University of Louisville, 201 Abraham Flexner Way, Suite 690, Louisville, KY 40202.
T. Fulmer, Hartford Geriatric Nursing Institute, New York University, 50 West 4th St, New York, NY 10012.
PARTICIPANTS:

S. Bozinovski (Aging Services Division, Denver Regional Council of Governments, Denver, CO 80211) The Quest for Self-Continuity.

T. Fulmer (Hartford Geriatric Nursing Institute, New York, NY 10012) Neglect Assessment in the Emergency Department.

J. O'Brien (Univ. of Louisville, Louisville, KY 40202) Self-Neglect: A Conundrum for Practitioners.

M. Sengstock (Wayne State Univ., Detroit, MI 48202) Problems of Elderly Self-Neglect: Does the Community Have Rights?

J. Thibault (Univ. of Louisville, Louisville, KY 40202) Behavioral Interventions for the Treatment of Indirect Life-Threatening Behavior.

DISCUSSANTS:

R. S. Wolf (Institute on Aging, UMass Memorial Health Care, Worcester, MA 01605)

M. S. Lachs (Division of Geriatrics, Weill Medical College of Cornell Univ., New York, NY 10021)

Self-neglect has emerged as the most frequently encountered form of elder abuse and neglect reported to state agencies. A self-neglecting elder potentially poses one of the greatest challenges for family, health care professionals, and policy makers. Disconnected health-care, social, and mental health services and the court system compound the detection, management, and prevention of this problem.

This symposium will review key elements of self-neglect including theoretical constructs, detection, behavioral interventions, ethical and legal dilemmas for practitioners, and the rights of society.

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THE BURDEN OF CANCER AND COMORBIDITY IN OLDER PATIENTS: CLINICAL AND RESEARCH PERSPECTIVES

R. Yancik National Institute on Aging, Geriatrics Program, Bethesda, MD 20892-9205

PARTICIPANTS:

R. Yancik. Cancer and Comorbidity in the Elderly: A Frame of Reference.

W. Satariano (University of California, School of Public Health, Berkeley, CA 94720-7360) Comorbidity and Cancer: Issues in Severity Assessment.

S. Studenski (University of Kansas Medical Center, Center on Aging, Kansas City KS 66160-7117) Accounting for the Heterogeneity of Aging Using Measures of Comorbidity and Function.

R. Silliman (Boston University Schools of Medicine and Public Health, Boston, MA 02118) Comorbidity and Cancer in Older Patients: Treatment and Research Challenges

DISCUSSANT:

H. Cohen (Duke University Medical Center, Durham, NC 27710)

Older persons bear the major impact of cancer. Sixty percent of all incident tumors and 70% of all cancer mortality occur in persons 65 years and older. Two-thirds to three-fourths of cancers of the colon, rectum, lung, stomach, pancreas, urinary bladder, prostate cancer, and 47% of all female breast cancers are in this age group. Aging is also a high risk factor for many other diseases. Thus, a diagnosis of any malignancy in older persons is quite likely made in individuals already experiencing pre-existing age-related health problems (comorbidity). Depending on the severity of an individual patient's cancer and comorbidity, the pre-existing health problems could increase the complexity of treatment decisions, overall prognosis, quality of life, and survival. Cancer treatment must be balanced in the presence of the older patient's overall health situation. Although there is not an abundant research literature on cancer and comorbidity in older patients, some investigators are beginning to address this knowledge gap. The symposium focuses on the spectrum of cancer control issues involving patient evaluation, treatment, and prognosis from the population-based epidemiologic perspective on both cancer and comorbidity (RY), the assessment of comorbidity severity (WS), measurement of comorbidity and function (SS), and treatment of cancer in the context of comorbidity (RS). The discussant (HC) will comment on the delineated issues from the dual perspectives of geriatric medicine and medical oncology and suggest research directions to expand the knowledge base.

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REALISTIC VIEW OF AGING: POLICY FOR THE NATIONAL INFUSION OF AGING CONTENT INTO THE K-12TH GRADE CURRICULA

R. Lucchino, Institute of Gerontology, Utica College, Utica, NY 13502.

PARTICIPANTS

R. Lucchino (Utica College, Utica, NY). Policy change for infusion of aging K-12.

S. Griffin (National Council for the Social Studies, Washington, DC 20016-3167) Strategic plan for infusion of aging within NCSS national standards.

W. Carley (National Association of Biology Teachers, Reston, VA 22090) Infusion of aging content into the NABT national standards.

B. Smith, (American Association of Health Educators, Reston, VA 20191) Strategic plan for infusion of aging within AAHE national standards.

DISCUSSANT:

W. Lane (SUNY at Cortland, Cortland, NY 13045)

To prepare the youth of today for tomorrow's "Graying of Society"; realistic attitudes concerning aging must be develop during their formative years through the educational system. Concerns have been raised that today's youth are not prepared to understanding their own aging, that of their parents, nor society with possible negative ramifications. The need to infuse knowledge, awareness and realistic attitudes about aging into the K-12th grade curricula nationally is a critical. Current efforts to influence the K-12 curricula falls short because there is a lack of a cohesive policy for sustaining change due, in part, to no involvement of established networks for national dissemination. The national educational associations could provide this network. In July of 1999, a 10-day conference was held with representatives from three national educational associations; NABT, NCSS, and the NAHE. The outcome were policies for a sustaining capacity for infusion of aging content within the three national associations that would provide for; disseminatation of aging content, resources on aging, in-service training to prepare teachers to teach aging. The results of this conference as well as the post conference activities of the three associations will be presented at this symposium

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EXERCISE IN FRAIL, OLDER PEOPLE

PARTICIPANTS:

WJ. Evans, D. H. Sullivan, Geriatrics Research, Education and Clinical Center, VA Medical Center, University of AR for Medical Sciences, Little Rock, AR

Effects of resistance exercise and nutritional supplementation on muscle strength and size in frail men and women

Effects of testosterone and resistance exercise on extremely debilitated old men and women

R. E. F. Macko, A.S. Ryan, Geriatrics Research, Education and Clinical Center, Baltimore VA and

University of Maryland at Baltimore, MD
Exercise training strategies in the treatment post-stroke patients

Age-related loss in skeletal muscle has been referred to as sarcopenia which is a direct cause of the age related decrease in muscle strength. Reduced muscle strength in the elderly is a major cause for their increased prevalence of disability. With advancing age and extremely low activity levels seen in the very old, muscle strength is a critical component of walking ability. The high prevalence of falls among the institutionalized elderly may be a consequence of their lower muscle strength. Functional disability following stroke is compounded by physical deconditioning and muscular wasting, factors related to disuse and aging. This symposium will present data on rehabilitation strategies for different groups of very weak elderly people. These presentations will include new data on the combined interaction of testosterone and resistance exercise in severely debilitated elderly patients, the use of aerobic and resistive exercise in chronic hemiparetic stroke patients (range 6 -18 months post-stroke), and the effects of resistance exercise and nutritional supplementation on muscle metabolism in residents of long-term care facilities.

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REDUCING PHYSICAL RESTRAINTS IN ACUTE CARE: NEXT STEPS.

L. Mion Mount Sinai Medical Center, 1 Gustave Levy Place, Box 1168, NY, NY 10029 & J. Fogel St. Vincents Hospital & Medical Center, NYC, NY

Participants:

L. Mion (MSMC)& J. Fogel, (SVHMC). Outcomes Following a Restraint Reduction Program in Hospitals

J. Fogel, T.Cranston, (SVHMC) L.Mion & S. Sandhu (CCF), C. Berkman (Fordham). Nonrestraint Interventions: Hospital and Unit Differences.

S. Sandhu, R. Palmer (Cleveland Clinic Foundation), L. Mion (MSMC), J. Fogel, T. Cranston (SVHMC). The Unit Culture and Effect on Restraint Reduction.

R. Leipzig (MSMC),& A. Minnick (Rush, Chicago). Hospital Administrative and Organizational Characteristics Associated with Restraint Use

R.Palmer (CCF). The Next Challenge: Implementing HCFA Standards in the Acute Care Setting.

Discussants: L. Evans (U of Penn, Philadelphia,PA), P. Schyve (Joint Commission on Accreditation of Healthcare Organizations, Chicago, IL).

As occurred in long term care settings, HCFA has mandated strict regulations regarding use of physical restraints and siderails in the hospital setting. Now more than ever, hospital clinicians must carefully examine practices related to falls, delirium, agitation, and violent behavior. We completed a longitudinal, multi-site study examining a multicomponent strategy to reduce restraints. 14 units were targeted. A total of 2,755 patients were enrolled. Findings revealed that most of the general units decreased restraints; but four of the six ICUs did not reduce their restraint rates. Participants will describe major outcomes of the intervention; hospital organizational and administrative characteristics associated with rates of use at the three sites; variation in non-restraint interventions by site and by unit type; aspects of the unit culture associated with restraint reduction; and issues regarding implementing the new HCFA guidelines for acute care settings. Implications for further research, practice, policy and education are discussed.

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CLOCK DRAWING TEST (CDT) MAY PREDICT ON-ROAD DRIVING PERFORMANCE

B Freund[1], S Gravenstein[1], A Dobbs[2], S Carter[1]
[1]Eastern Virginia Med. School, Norfolk, VA, USA
[2]University of Alberta, Alberta, Canada

Background: The Clock Drawing Task (CDT) is a well known, easily administered tool and useful to assess cognitive function. Although the CDT is a validated screening tool for dementia in older adults, it has not been examined in relation to functional measures (IADLs, driving). Because the CDT evaluates multiple areas of cognitive function it may have direct clinical relevance in screening for declining driving competence. **Methods**: We scored the clock drawings of 100 subjects who also completed an on-road driving evaluation using four methods: 1) Watson; 2) Mendez; 3) Rouleau; and 4) the scoring we piloted to see if it would predict whether the subject passed or failed the driving test based on quantitative and qualitative indicators. **Results**: The inter-rater reliability was high (84%) and it appears that failing by this scoring system is 92% (95% CI .75, .99) accurate in predicting failure on an on-road test when the CDT pilot score returned an uncertain or "fail" on-road prediction and borderline and fails on the on-road test is considered a failure. **Conclusion**: The pilot CDT score may predict on-road driving failures and thereby provide an inexpensive in-office prediction of cognitively impaired individuals who will not need a formal driving exam before recommending removal of driving privileges. A validation study is needed.

DETERMINENTS OF DELIRIUM AND ITS IMPACT ON OUTCOMES IN HOSPITALIIZED PATIENTS

A.S. Ali, H.K.Kamel, A. Khan, J.E. Morley. Division of Geriatric Medicine, SLU School of Medicine, 1402 S. Grand, M238, St. Louis, MO.

We reviewed 1000 consecutive medical admissions to a university teaching hospital, of which 48% were ≥ 65 years. Delirium was present in 12% of patients on admission. The incidence of delirium varied with age (6% young vs. 19% old, $p<0.0001$), sex (10% male vs. 15% female, $p<0.05$), and race (10% Whites vs. 16% Blacks, $p<0.05$). Patients with delirium were more likely to have more medical conditions (12 ± 5 vs. 9 ± 5, $p<0.001$), need assistance with activities of daily living (47% vs. 13%, $p<0.001$), have falls (23% vs. 7%, $p<0.001$), and be on more medications (5.3 ± 3 vs. 4.8 ± 3, $p=0.08$). The presence of delirium associated with the diagnosis of dementia, depression, cancer, CAD, pressure ulcers, CRF, stroke, and anemia, but not with hypertension, COPD, diabetes, or CHF. Patients with delirium were more likely to be dehydrated (BUN/Cr ≥ 20), 39% vs. 21%, $p<0.001$, and to have serum albumin < 3.5 g/dl (45% vs. 31%, $p<0.001$). They had longer length of hospital stay (9 ± 8 vs. 6 ± 7, $p<0.001$) and greater in-hospital mortality (8% vs. 3%, $p<0.01$) compared to patients without delirium. We conclude that delirium is a frequent condition in hospitalized patients that is associated with poor hospitalization outcomes.

THE NATURE OF FAMILY MEMBERS' EXPERTISE IN CARING FOR THEIR RELATIVES WITH DEMENTIA

Wendy Wood, Univ. of North Carolina at Chapel Hill, Div. of Occupational Science, Allied Health Sciences, School of Medicine, CB 7120, Chapel Hill, NC 27599-7120

Relationships of tension have often been found to exist between health professionals and family members involved in the care of people with Alzheimer's disease or related disorders (AD). Development of this tension has also been partly attributed to professionals' deficient knowledge or appreciation of caregivers' perspectives. The purpose of this study was to explicate how dedicated family caregivers—5 with relatives in their homes and 5 with relatives in health care institutions—orchestrated their own and their relatives' ways of occupying time. Initial interviews identified daily routines, best and worst ways of handling activities, and best and worst times of the day. Participant observations of these contrasting times were followed by final interviews prompting caregivers to reflect on their actions in depth. Caregivers were found to attend to most all daily matters that arose from waking to bedtime, as well as to issues like safety, sleep, medication, and special events that impacted their own or their relatives' well-being. Caregivers' expertise emanated from their keen observations of how relatives' functioned; innovations of pragmatic, situation-specific solutions; conscious strategies for organizing time; and implicit practice theories of best care in dementia. Awareness of the potential for such expertise by health professionals can help ensure that people with AD and their family caregivers optimally benefit from professional interactions.

Dementia : A Missed Diagnosis

M. Iqbal, MD; W. Gagnon, PA; K. Gupta, MD.
Department of Medicine, New York Medical College, Valhalla,NY 10595.

Treatable or reversible causes are responsible for approximately 15-25 % of all dementia causes. Routine blood tests including CBC,TFT's,VDRL,BUN and electrolytes etc are considered to be an essential part of diagnostic work up for all dementia patients.However despite a history of confusion and disorientation, the nongeriattricians often miss the diagnosis of dementia and therefore fail to look for the underlying causes.We describe the case of an 84 year old gentleman with HTN,CAD,CHF and CRF who was recently admitted to our nursing home after 2 separate periods of admission in a nearby community hospital.The progress notes indicated that most of the attention was given to the cardiac conditions. The term "dementia" had not been documented even once. However, there were frequent references to confusion and disorientation in the progress notes. With the possible diagnosis of dementia, we ordered the necessory tests for dementia. Although clinically the patient appeared to be euthyroid, the TSH turned out to be very high (Total T4 and FTI were low and TSH was over 77 mIU/l).The patient was accordingly started on thyroxine replacement therapy. We suggest that hospitalists should pay more attention to making an early diagnosis and working dementia in all elderly patients.

POORER CARDIOVASCULAR FITNESS PREDICTS SLOWER PERCEPTUO-MOTOR SPEED FOLLOWING STROKE

M. Shaughnessy, RF Macko, C. Tankard, KE. Dennis, AP Goldberg, SR. Waldstein. Baltimore VA Medical Center, University of Maryland School of Medicine, 21201; University of Maryland-Baltimore County

Stroke, the leading cause of disability in older Americans commonly leads to sedentary lifestyles, skeletal and cardiac deconditioning, neurocognitive deficits, and compromised daily function. The relationship between cardiovascular fitness and neurocognitive function in well elders has recently been established. This cross sectional study investigated the relation between peak VO2 and neurocognitive performance (eg. memory, attention, executive function, perceptual-motor speed), and mood in 17 chronic hemiparetic stroke patients (age 47-77; 88% male). Lower peak VO2 was significantly associated with diminished perceptuo-motor speed and manual dexterity on Trails A ($r=-.50$, $p<0.05$), and Grooved Pegboard nondominant ($r=-.66$, $p<0.05$) and dominant ($r=-.48$, $p=0.06$) hands. Age, education, mood and other neurocognitive measures were unrelated to peak VO2 in this cohort. These findings indicate a relationship between poor cardiovascular fitness and reduced perceptuo-motor speed and dexterity in chronic hemiparetic stroke patients. Further studies are needed to determine if aerobic exercise training undertaken to improve cardiovascular fitness will enhance neurocognitive function in chronic hemiparetic stroke survivors.

PHASES OF MEMORY DECLINE IN DEMENTIA OF THE ALZHEIMER TYPE (DAT)

V. Olga B. Emery, Dartmouth Medical School, Department of Psychiatry, HB 7750, Lebanon, New Hampshire 03756

Memory decline is a necessary core criterion for diagnosis of dementia of the Alzheimer type (DAT) in all classification systems. Memory is the capacity to use and revive information that was previously processed and encoded, and underlies all normative human activity. Memory is not a single entity nor does it serve a single psychological function. Different types of memory systems appear to have distinct neurologic substrates that can be differentially disordered in

different diseases. To contribute to the definition of memory in DAT, memory was investigated in demographically-equivalent groups of Alzheimer patients, depressed patients, and normal elderly. Research results suggest that memory deterioration in DAT is best understood as occuring in four distinct phases, which are defined and described. The phase-specific pattern of DAT is compared with the patterns of depression and normal aging. The four phases of memory decline in DAT are differentiated from other memory typologies.

WANDERING: INFLUENCE OF AGE, SEX, RACE AND MEDICAL DIAGNOSIS

D.L. Algase, E.R.A. Beattie, E.L. Bogue, School of Nursing, University of Michigan, Ann Arbor, MI 48109-0482

Wandering is a frequent and potentially hazardous behavior. Differences in the expression of wandering are important to the study and care of affected persons of varying age, sex, race, or medical basis of dementia. Few studies examine these differences and those that to grossly compare wanderers and non-wanderers rather than parameters of wandering itself. This study (N = 72 cognitively-impaired , ambulatory residents of randomly-chosen long-term care facilities) used direct observation to determine average hourly frequency, duration, and proportion of time in motion of wandering episodes and evaluated subjects for level of global cognitive impairment using the Mini-mental State Exam (MMSE) and the Dementia Rating Scale (DRS). Age, sex, race, and medical basis of dementia were obtained from medical records. Controlling for level of cognitive impairment, wandering parameters were examined for differences in a series of ANCOVAs. Younger (70s) females with AD had greater frequency of wandering episodes and spent more minutes wandering. African Americans had a greater frequency of episodes, but fewer minutes and a lower proportion of an episode in motion. Men and subjects with dementia due to causes other than AD or MID had a greater proportion of an episode in motion. However, at a p-value of .05, differences were not significant for any parameter of wandering at any age, sex, race, or medial basis of cognitive impairment. Nonetheless, further study is recommended before differences on these factors can be disregarded in designing studies or care for affected persons. As our sample was too small too examine other parameters of wandering (e.g., random, lapping, and pacing patterns), these should be the focus of further investigation.

IMPACT OF DEMENTIA ON LIFE EXPERIENCE IN A CONTINUING CARE RETIREMENT COMMUNITY

M.A. Forciea, A. Delsignore, J.H.T. Karlawish, C Clark, Institute on Aging, University of Pennsylvania, 3615 Ralston House, Philadelphia, PA 19104

Continuing Care Retirement Communities (CCRCs) provide residents lifetime care. Residents must be independent on entry into the community. Ambulatory care is provided for residents living in apartments; assisted living and nursing home care is provided for residents who experience functional decline. CCRCs are becoming widely available as an option for retirement housing. Little information exists about the natural history of any medical problem in patients who reside in this setting.

In an effort to understand the efforts of dementia on the lives of residents in a CCRC, and on the community itself, we analyzed the medical records of patients who died in a small CCRC (354 residents) from 1997-99. Average age on entry to the community was 76. No patient was diagnosed with dementia on entry to the Community. Eighty-four residents died during this period: 49% were diagnosed with dementing illnesses. Patients ultimately diagnosed with dementia lived 9.9 years in the Independent Living section of the facility, 1.5 years in the Assisted Living section, and 1.7 years in the nursing home. Eighty-eight percent of patients with dementia died in the Nursing Home. Ten percent died in their apartments, 2% died in Assisted Living. Although dementia was the primary diagnosis responsible for relocation to the nursing home (71%), dementia was listed as the primary cause of death in only 2 patients. These data suggest that dementia influences where a CCRC resident receives care and thus may affect the social and economic life of a CCRC.

A PROSPECTIVE STUDY OF VITAMIN C AND COGNITIVE FUNCTION IN OLDER ADULTS

R. Sato, L.P. Fried, G.W. Comstock, G. Parmigiani, K.J. Helzlsouer.
Departments of Epidemiology and Biostatistics, School of Hygiene and Public Health, The Johns Hopkins University, MD 21205

Previous studies suggest that the antioxidant property of vitamin C may have a protective association with cognitive function, although many of the studies were cross-sectional and the longitudinal association remains uncertain. This prospective study (1989-1997) examined the association of total vitamin C intake and plasma concentrations at baseline with cognitive decline in 544 community-dwelling older adults aged 65 years and older who participated in two population-based research studies, The Cardiovascular Health Study and the CLUE II study. Cognitive function was assessed annually using the Modified Mini-Mental State Exam (3MS) and the Digit Symbol Substitution Test (DSST). After an initial learning effect for both cognitive measures, we observed a very small rate of overall decline in this non-demented population. Using random effects models, there was no difference in the rate of cognitive decline by vitamin C intake or plasma concentrations. Adjusting for age, gender, education, depressive symptoms, and body mass index did not alter this. These results do not support an association between vitamin C and cognitive decline.

EFFICACY OF *GINKGO BILOBA* IN ELDERLY PEOPLE WITH DEMENTIA AND COGNITIVE DECLINE

M C J M van Dongen, E van Rossum, A G H Kessels, B J G Sielhorst, P G Knipschild
Maastricht University, Departments of Epidemiology and General Practice, P O Box 616, 6200 MD, Maastricht, The Netherlands

A 24-week, randomised, double-blind, placebo-controlled, multicenter trial was conducted to evaluate the efficacy and safety of the *Ginkgo biloba* special extract EGb 761 ('Ginkgo') in elderly people with dementia and age-associated memory impairment. Preparations based on special extracts of the Ginkgo tree are frequently used, especially in Europe, to combat cerebral insufficiency and dementia

214 Elderly patients with dementia or AAMI were included in the Maastricht Ginkgo Trial. They were recruited from 39 homes for the elderly in the southern part of the Netherlands. The participants were allocated randomly to orally administered Ginkgo (two dosages: 240 or 160 mg/day) or placebo (0 mg/day). The intervention period was 24 weeks. Primary outcome measures were the Syndrom Kurz Test of memory and attention (SKT; cognitive functioning), the Clinical Global Impression of change (CGI-2; assessed by nursing staff), and an IADL-scale (NAI-NAA; behavioural functioning). In addition, several secondary outcome measures were applied. Measurements were performed at baseline and after 3, 6, 12, 18 and 24 months.

The results did not show any clinically relevant and statistically significant effect in favour of Ginkgo on the primary outcome measures, neither separately nor combined. Moreover, no effects were found on the secondary outcome measures, for the higher Ginkgo dose, or for any subgroup.

Therefore, we conclude that the results of this trial do not support the view that Ginkgo is beneficial for elderly persons with dementia or age-associated cognitive decline.

RECOGNITION OF DEMENTIA BY MEDICAL PRACTITIONERS AND FAMILY MEMBERS.

P. Rabins, Johns Hopkins University, Baltimore, MD 21287
B. Black, Johns Hopkins University, Baltimore, MD 21287
J. Brandt, Johns Hopkins University, Baltimore, MD 21287
J. Kasper, Johns Hopkins School of Public Health, Baltimore, MD 21205
C. Lyketsos, Johns Hopkins University, Baltimore, MD 21287

In a sample of 476 randomly ascertain individuals at high risk for cognitive disorder because of a low or declining Mini Mental State Examination score, 337 individuals met neuropsychological criteria for probable dementia, 96 subjects met criteria for cognitively impaired non-dementia and 43 individuals were cognitively intact. Family members reported that 54.9% of subjects with probable dementia had a significant impairment in memory. In contrast, families reported that they had been informed of the diagnosis of Alzheimer disease only in 10.9% of cases, while no cognitively intact subjects were thought by the family to have been diagnosed by a physician as suffering from dementia or Alzheimer disease. These data suggest that in a significant majority of persons with dementia residing in the community, their primary physician is unaware of this diagnosis or has not informed the family that it is present.

Predictors of Postoperative Delirium in the Elderly

Nora A. Reznickova, MD, C M Glew, BM,BS, C F Lippa, MD, E Bartolic, PhD, S Banks, J Posner, MD
Division of Geriatrics, Department of Neurology,
MCP–Hahnemann University,
3300 Henry Ave, Philadelphia, PA

Cognitively impaired elderly are at higher risk for postoperative delirium. We identified predictors of postoperative delirium in an urban university hospital by testing 45 non-delirious elderly patients (mean age 74 years, 58% African Americans, 42% white, 53% female) who were scheduled for non-emergency surgery between October 1999 and February 2000. Patients underwent cognitive assessment using Minimental Status Exam, Clock Drawing Test, Trail Making Test A and B, Story Recall, Delayed Story Recall, Oral Fluency Test and the Geriatric Depression Scale. Postoperatively, a daily evaluation for delirium was given using the Confusion Assessment Method. Delirium developed in 12 subjects. There was no single cognitive test that strongly predicted delirium. Mean summary cognitive impairment score in patients who developed delirium was significantly higher (17.1 ± 5.4) compared to non-delirious group (12.5 ± 4.0), $p < 0.01$). Abnormal results in 3 out of 7 cognitive tests were marginally significant [Clock Drawing Test ($p = 0.06$), Delayed Story Recall and Oral Fluency Test (p's = 0.05)]. Depression was not associated with delirium. We conclude that there may be specific cognitive indicators of postoperative delirium.

LOW CHOLESTEROL LEVELS, INDIPENDENT TO APO E ALLELES, AS A POSSIBLE CONCAUSE OF AD.

N Viti,L Caputo,J Taglіabue,L Fusaro,G Annoni,C Vergani
Dept. Geriatrics IRCCS Ospedale Maggiore., University Study Milano and Milano Bicocca, Italy

The ε4 allele of the APO E gene is related with high total cholesterol (TC) serum levels and is a risk of Chronic Heart Disease. Besides is well established the link between the same allele and AD. In the light of these aspects, we investigated plasma lipid levels in patients with AD vs Controls (CT) in relation to APO E alleles.

Materials: we studied 100 patients (80.6±7.2 years) with sporadic late-onset AD (Global Deterioration Scale mean score 4.7 ± 0.7) and 100 age-matched (81±6.8 years) non-demented CT. Descriptive statistic for cases and controls showed no difference about BMI, ADL and IADL.

Methods: the APO E alleles were analyzed by restriction of PCR amplified fragment, serum lipid levels were evalucted by routine methods. For the statistical analysis we used χ^2 -test and one-way ANOVA followed by Student's t-test.

Results: We found lower TC levels in AD vs CT (235.04±41.60 vs 248.61±51.46, $p=0.046$). The two groups had a different distribution of APO E alleles ($p=0.0000$, χ^2 test). AD-ε3 (n=48) carriers compared with CT-ε3 (n=75) had significantly lower levels of TC (228.17±33.97 vs 247.87±49.19, $p=0.017$). AD-ε4 (n=45) vs CT-ε4 (n=17) showed a trend for TC (248.49±45.01 vs 273.12±53.86, $p=0.074$). No differences were observed in ε2 allele carriers.

Conclusion: These results, obtained in a set of AD patients in the early phase of the disease without major functional and physical impairement, suggest that low TC levels are a possible concause of AD.

The prognostic value of delirium in elderly patients terminally ill.

E Meltieri[1], A Bianchetti[2], M Ponte[1], R Rozzini[2,3], M Trabucchi[2,4]
[1]Ancelle della Carita Hosp., Cremona, [2]Geriatric Research Group, Brescia, [3]Poliambulanza Hosp., Brescia, [4]Tor Vergata University, Roma, Italy

OBJECTIVE: Describe the clinical profile and the occurrence of delirium in a sample of elderly patients with advanced cancer admitted to the Hospice Care Unit (HCU) of the "Ancelle della Carita" Hospital, in Cremona, Italy.

METHODS: A retrospective chart review was performed of 60 consecutively patients referred to the HCU in the 6-months period between January and June 1999.

RESULTS: The mean age of the sample was 73.6±8.3, 46% were women. The most frequent reasons for admission were pain (31%) and breathlessness (20%). On admission, the mean number of symptoms was 6.2±2.0, common symptoms were anorexia (88%), pain (64%), depression (56%), and urinary incontinence (54%). The mean Karnofsky index score was 36.9±12.9. In 59% cases therapeutic interventions concerned antibiotic therapy, and in 53% morphine administration. The average length of stay was 19.9±16.9 days. Over half of the patients (58%) died within 15 days, and more than one-third (34%) died within eight days of admission. Cognitive decline was diagnosed by MMSE at admission in 29 patients, of whom 5 presented delirium. For the total sample delirum was observed in the 28% of cases.

By Kaplan Meier analysis we compared median survival in four group of patients defined on the basis of the occurrence of cognitive impairment or delirium (cognitive impairment free and delirium free patients, NCND =

cognitive impaired and delirium free patients. CND: cognitive impairment free and delirium patients. NCD: cognitive impairment and delirium patients. CD). Median survival was significantly shorter in patients with delirium alone compared to the all other groups (NCD: 3.0±4.0, CI 0 to 10.8; CD: 5.0±0.5, CI=4.1 to 5.9; CND: 24.0±9.7, CI=5.0 to 43.0; NCND: 24.0±1.4, CI: 21.3 to 26.7; P=0.000).

CONCLUSIONS: Our data support the hypothesis that in a HCU delirium is an independent predictor of survival, whereas cognitive impairment is not associated to poorer survival.

THE MODIFIED MMSE (3MS) PREDICTS ADVERSE OUTCOMES BETTER THAN THE MMSE.

PR Montgomery, PD St. John, Centre on Aging, University of Manitoba, Winnipeg, Canada R3T2N2

The 3MS is based on the MMSE with additional questions and a more refined scoring system. We used data from the Manitoba Study Health and Aging, a community-based sample of 1746 seniors interviewed in 1991/2 and re-interviewed in 1996/7. These interviews included the 3MS structured in advance to allow a MMSE score to be derived, and demographic variables. Outcomes determined in 1996/7 were death and clinically significant decline (defined as a decline of more than 3 points on the MMSE, equivalent to 10 points on the 3MS). In bivariate analyses, both the MMSE and the 3MS predicted both death and decline, although the gradient for both of these outcomes was steeper with the 3MS. In multivariate analyses, adjusting for gender, age, depressive symptoms, and self-rated health, the 3MS predicted mortality and cognitive decline within the normal range. The MMSE predicted mortality, but did not predict significant cognitive decline within the normal range. The expanded normal range of the 3MS and the additional questions provide useful information determining prognosis of seniors with normal cognition.

INTERACTIVE BEHAVIORS OF PERSONS WITH DEMENTIA AND THEIR CAREGIVERS DURING BATHING

E.K. Mahoney[1], S.M. Ruka[1], K. Sethares[1], A.C. Hurley[2], L.Volicer[2]. [1]Boston College School of Nursing, Chestnut Hill, MA; [2]GRECC, VA, Bedford, MA

The purpose of this presentation is to describe and analyze the temporal relationships between resident and caregiver behaviors during bathing persons with dementia who are resistive to care. Secondary analysis of video taped data using real-time computer-assisted technology (CAMERA) is used to address the following questions: (1) what is the sequence of behaviors generated during bathing persons with dementia who are resistive to care; (2) what is the sequence of caregiver behaviors generated during bathing a person with dementia who is resistive to care; (3) can sequential analysis reveal patterns of interaction (e.g. uni-directional Vs bi-directional influence)?

A single-subject design is used for analysis. Raters first record frequency and duration of resident resistive behaviors in one trace, then caregiver behaviors are recorded in a separate trace. A stream of behavior is created by superimposing the two traces. Results will include reliability and preliminary outcomes. Data will be displayed graphically, and sequential analysis will be used to detect conditional and unconditional probabilities of behaviors.

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LIVING WITH THE TENSION: AMERICAN BENEDICTINE WOMEN IN ROMAN CATHOLIC CHURCH STRUCTURES.

Tara Tollefson, Department of Community Studies, 365 Stewart Hall, 720 4th Ave. S, Saint Cloud State University, St. Cloud, MN 56301

Is tension felt by women religious in a Midwestern Benedictine community concerning the Roman Catholic Church hierarchy's unequal treatment of women? Viewed from a Life-Course perspective, the social-historical influences of the Second Vatican Council, the renewal process, and the rise of modern feminism in America were all contributors to the sisters' awareness of the discriminatory practices of the Church. As educated women in a Church structure, this study answers the questions of the 30 sisters interviewed: How do they cope? How did these coping patterns develop over time? How do these coping patterns function within Roman Catholic Church structures? 30 interviews were conducted with randomly chosen women from a Midwestern Benedictine Community. In this sample, 28 out of the 30 women interviewed experienced some tension caused by the structural inequalities within the Roman Catholic Church. Of those 28, 21 women felt significant tension and were actively coping with the tension as defined in this study. Three coping patterns were identified: Re-envisioners, Agents of Change, and Community Copers. These coping patterns have developed within the sisters over time and through social-historical changes. What is perhaps most interesting in analyzing the development of coping patterns over time is the simultaneous development of a feminist consciousness (as defined by Gerda Lerner, 1993: 274).

THE RELATIONSHIP AMONG ISOLATION, LONELINESS, AND THE HEALTH OF OLDER WOMEN.

B. Havens and M. Hall, University of Manitoba, S-110B, 750 Bannatyne Ave., Winnipeg MB, Canada, R3E 0W3

Social isolation and social loneliness are often considered to be problems of growing older. This research, funded by PWHCE Health Canada, explored these issues among a representative population of older people (*n*=1868), whose minimum age was 72. The women were found to rate significantly higher than the men on 15 items of social isolation, especially widowhood and living alone. Using a combined measure, the overall rate of social loneliness was similar for men and women (just over 80%), but women were more likely to be severely lonely. The results of logistic regression analyses suggested that the odds of being lonely were significantly increased for those who had few social contacts, were widowed, lived alone, rated their health as poor, had 4+ chronic illness, and showed evidence of cognitive decline. The odds of being socially isolated (using the Life Space score as a proxy measure for social isolation) were greater for women, those over age 80, those who rated their health as poor, and who had 4+ chronic illnesses. Public consultations produced policy recommendations.

SOURCES OF STRESS AND CONFLICT FOR OLDER AFRICAN AMERICAN WOMEN

P.F. Weitzman, R. Dunigan, R. Hawkins, E. Weitzman, & S. Levkoff, Department of Social Medicine, Harvard Medical School, 643 Huntington Avenue, Boston, MA 02115

Older African American women are at high risk for morbidity due to anger suppression and stress. Yet sources of everyday stress and conflict in the lives of older African American women have not been documented. Such information is essential for developing health promotion programs. A focus group study was conducted with urban, community-dwelling older African American women on everyday stress and conflict. Everyday stress arose from worries about functional disability, and about accessing transportation. Everyday conflicts occurred with adult children, teenaged grandchildren being cared for by participants, and older neighbors or peers. Conflicts with adult children centered on how the adult child was raising his/her children. Conflicts with grandchildren centered on social respect. Conflicts with neighbors/peers centered on perceived rudeness or past transgressions. Participants reported strategies for dealing with stress and conflict that were primarily avoidant. Suggestions for health promotion programming are made based on findings.

BEING NOSTALGIC: ELDERLY GERMAN IMMIGRANT WOMEN LIVING ALONE IN THE U.S.

M. Linhart, Afaf I. Meleis, Department of Community Health Systems, School of Nursing, University of California San Francisco, 521 Parnassus Avenue, CA 94143-0608

The aim of this study was to gain knowledge about the life situation of elderly German immigrant women living alone in the United States (U.S.). Specifically, this study explored the day-to-day challenges and self-care activities of these women and how they maintain their ability to live independently. The proportion of elderly women living alone is increasing worldwide, however there is limited data on how they tend to manage their health care needs. In addition, elderly immigrants in the U.S. may be more vulnerable to other health risks and to access to health care services. This study was qualitative in design and data from semi-structured interviews with a convenience sample of 10 German immigrant women between 68 and 89 years of age living in California were analyzed using Grounded Theory as the guiding framework. The central emerging theme is "nostalgia", the judgement of the past relative to the present, and it includes properties such as the wish to go back home, reactivating country of origin values, and German food preferences. Based on their sense of identity as elderly German women living alone and immigrants, nostalgia has consequences that may influence their sense of well-being. It is connected to the management of pivotal properties of living alone (i.e. access/management of health care, safety, and access to transportation) but it also influences their sense of belonging to the U.S. society. Therefore, it may provide the context in whether they feel lonely or connected. Heightened awareness of nostalgia and its centrality in the life of elderly German immigrant women by health care providers could increase the visibility of population specific health care needs.

AGING, CHRONIC ILLNESS AND SELF-CONCEPT: A STUDY OF WOMEN WITH OSTEOPOROSIS

S. Wilkins, School of Rehabilitation Science, IAHS, McMaster University, 1400 Main Street West, Hamilton, Ontario, Canada, L8S 1C7

The coalescence of aging and chronic illness may alter the relationships between the meanings of aging and chronic illness and the self-concept. Using Rosenberg's conceptualization of self-concept (1979), a qualitative study was designed and data collected from twenty-eight women with osteoporosis.

Three types of self-concepts emerged from the data: the confident self, the contradictory self and the disparaged self. A description of these types is presented highlighting the reciprocal relationship among meanings of aging and chronic illness and self-concept and including discussion of the strategies used to enhance, protect and maintain self-concept despite changes brought on by aging and chronic illness.

FROM 70 TO 80: THE TRAJECTORY OF WOMEN'S PHYSICAL AND MENTAL HEALTH AND SOCIAL COMPARISONS

S.M. Heidrich, School of Nursing, University of Wisconsin-Madison, Madison, WI., 53792

The purpose of this study was to examine the course of physical and mental health and the moderating effects of social comparisons over 10 years in older women with chronic illnesses. Participants were 61 community-dwelling women (M age = 81 in 1999) who completed multiple, standardized, self-report surveys of physical health, mental health, and social comparisons in 1989, 1991, 1995, and 1999. Repeated measures MANOVAs indicated significant increases in number of chronic conditions, symptoms, and difficulty with ADLs over time. There were significant decreases in purpose in life, personal growth, and positive relations; stability in autonomy and depression, and an increase in anxiety. The frequency of downward social comparisons decreased, while that of upward remained stable. Both types of social comparisons remained positive over time. Contrary to findings from cross-sectional research, social comparisons did not moderate the effects of physical health on mental health. However, both current (1999) physical health and upward (but not downward) social comparisons predicted concurrent depression; while upward comparisons alone predicted purpose in life. Older women whose comparisons with others were less positive reported higher levels of depressive symptoms and lower levels of purpose in life.

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THE COST-QUALITY RELATIONSHIP IN NURSING HOMES: IS THERE A TRADEOFF?

Robert Weech-Maldonado, V. Mor, D. Shea, Department of Health Policy & Administration, The Pennsylvania State University, University Park, PA 16802

General wisdom establishes that higher costs are related to quality of care. However, higher costs may also be an indication of mismanagement and inefficiency. Perhaps efficiency of care and quality of care go together. It may also be that the cost-quality relationship is curvilinear, that is, increased costs may result in increased quality up to a threshold after which increased costs may be reflective of mismanagement. The purpose of this study is to evaluate the impact of nursing home quality of care on costs. The sample consists of all nursing homes in 6 states: 5 states participating in HCFA's Case-Mix and Quality Demonstration (NY, MS, ME, KS, SD) and Ohio. Sources of data consist of the Minimum Data Set Plus (MDS+) resident assessment instrument, the On-line Survey Certification of Automated Records (OSCAR) file, the Area Resource File (ARF), and the Health Care Investment Analyst (HCIA) Nursing Home Database. This study uses a hybrid translog econometric model where nursing home costs are a function of quality, output, input prices, and control variables. Nursing home costs are measured as the facility's direct patient care expense per day. Seven risk-adjusted outcome measures are used as quality indicators: cognitive decline, pressure ulcers (incidence and prevalence), ADL decline, prevalence of daily physical restraints, mood decline, antipsychotic drug use, and social engagement decline. The output measure consists of patient days of care. The price of labor input for the market is measured as the nurses average salary for the county. Control variables consist of organizational and market factors.

USE OF FORMAL AND INFORMAL PERSONAL ASSISTANCE AMONG NON-INSTITUTIONALIZED OLDER AMERICANS: STATE AND INDIVIDUAL-LEVEL CORRELATES.

Naoko Muramatsu, R.T. Campbell, T.R. Prohaska, Health Research and Policy Centers and School of Public Health, University of Illinois at Chicago, Chicago, IL, 60607-3025.

Despite wide state to state variation in commitment to home and community-based services (HCBS), little is known about the effects of such variation on access to personal assistance among older adults with functional limitations. Previous research that tends to focus on individual-level factors does not address equity issues related to state variation in long-term care policies. This study examined whether and how states' commitment to HCBS and individuals' socio-demographic and health factors were associated with use of formal and informal personal assistance among non-institutionalized older Americans with functional limitations. We conducted multilevel analysis using data from the Assets and Health Dynamics among the Oldest Old Survey, Wave 1, combined with data on states' expenditures on HCBS. Results indicated that persons residing in states with greater HCBS expenditures were more likely to use formal help, controlling for their individual characteristics. Medicaid status was associated with greater use of formal assistance, whereas greater assets or wealth was related to lower use of informal assistance. Findings suggest (1) inequitable access to formal personal assistance across states, and (2) limited access to personal assistance, formal or informal, among middle-class older Americans with functional limitations. Policies that assure equitable access to HCBS services are recommended to meet the needs and demand for such services in the growing older population.

NURSING HOME QUALITY: MANY VIEWS, ONE WINNER, SEVERE CONSEQUENCES

V. Tellis-Nayak, PhD., Director of Research, Beverly Enterprises, One Thousand Beverly Way, Fort Smith, AR 72919-5421

Several parties are stakeholders in nursing home quality: the residents, families, caregivers, regulators, etc. They all share one goal: the well-being of the nursing home resident. Yet they differ as to the path to achieve that goal. One dominant view now controls the regulatory system, and marginalizes other perspectives in a rival camp. This study measures and analyzes the chasm that separates the two camps on the question: what is an ideal nursing home? The study analyzes over 3,000 survey responses of residents, families, CNAs, nurses, managers, medical directors, and consulting pharmacists. Its conclusion points to a severe disjuncture between what regulation demands and what the consumers and caregivers desire. Such incongruence has a telling effect on caregiver role and morale. The study addresses practical implications which policy makers should pay serious attention to.

BEHAVIORAL AND ENVIRONMENTAL INTERVENTIONS TO IMPROVE ORAL FOOD AND FLUID INTAKE IN NURSING HOME (NH) RESIDENTS

S.F. Simmons, K.J. Glienke, & J.F. Schnelle.
Department of Geriatrics, School of Medicine,
University of California, Los Angeles, CA

Multiple environmental and social factors related to the NH mealtime experience may contribute to low oral food and fluid intake among residents. A pilot study was conducted with 19 residents at risk for undernutrition due to low intake, defined according to the Minimum Data Set criteria of "eating ≤75% of most meals" during a three-day assessment period. As part of the intervention, research staff complied with residents' dining location preferences; ensured proper positioning for eating; provided social interaction, continuous one-on-one assistance that maximized self-feeding ability, and unlimited meal tray access for six meals, or two consecutive days, per subject. Twelve (63%) of the subjects significantly increased their intake (36%±12 % to 64%±17%). Research staff spent significantly more time providing assistance (40minutes/meal ± 14 versus 5 ± 7) and offered significantly more verbal prompts to promote self-feeding (16 prompts/meal ± 12 versus <1 ± 1.6). Tray access time did not change. The seven residents (37%) who did not increase their intake expressed food complaints and/or symptoms of depression. While effective for most, this intervention is costly to implement in terms of staff resources.

THE IMPACT OF LIVE-IN ANIMALS ON NURSING HOME RESIDENTS: A PILOT LONGITUDINAL INVESTIGATION.

Katy Ruckdeschel & Maureen Reyes, Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, PA 19141.

Recently, models such as the Eden Alternative have presented a theoretical basis for bringing animals to live in the nursing home. The present study reports on an assessment of an intervention termed "The Living Habitat," implemented on a 32-bed unit of a large, urban nursing home. Borrowing concepts from the Eden model, the Living Habitat offers a parakeet to any resident who requests one, and two cats and a dog for the unit. A baseline assessment of residents (N = 19) was conducted prior to the introduction of the animals. Information was obtained regarding residents' attitudes toward animals, cognitive functioning, satisfaction with care, and social and emotional functioning. Behavioral observation was conducted for each resident on 12 occasions, for 5-minutes each time, coding residents' behavior and emotional expression. Follow-up data were obtained 6 months following the introduction of the intervention. Preliminary results indicate that, controlling for level of cognitive impairment, residents were more positively engaged with their environment at follow-up than at baseline. Results will be discussed as they pertain to the more comprehensive intervention offered by the Eden Alternative. Supported by the Philadelphia Geriatric Center.

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THE POLITICS, ECONOMICS AND CULTURE OF AGING IN THE 21st CENTURY

Larry J. Polivka, Florida Policy Exchange Center on Aging, 4202 E. Fowler Ave., #30437, Tampa, FL 33620.

Participants:

Simon Biggs, Keele University, UK. *Narratives of Ageing in High Modernity.*

Charles Longino, Reynolds Gerontology Program, Winston Salem, SC. *The Emancipatory Potential of Postmodern Aging.*

Chris Phillipson, Keele University, UK. *The Political Context for the Deinstitutionalization of Retirement.*

Larry Polivka, Florida Policy Exchange Center on Aging, Tampa, FL 33620. *The Emerging Political Culture of the Baby Boom Generation.*

Chris Phillipson has argued that the notion of a stable life course culminating in an economically secure retirement may no longer hold for many baby boom generation retirees. The deinstitutionalization of retirement is substantially a function of economic changes affecting labor markets in all Western countries and neoliberal (third way) oriented changes in public policy. Wage stagnation and declining availability of health and retirement benefits at least partially reflect changing trends in the U.S. labor market and in other developed countries as a growing number of workers are employed part-time as contract workers, or they are self-employed, and do not have healthcare insurance, pensions and other benefits.

These labor market trends have been generated by the development of a highly competitive postindustrial economy, which differs markedly from the monopoly industrial economy of the period from the late 19th century through the 1960s. The postindustrial economy is based on the growing domination of management and the expanding role of technological innovation, including the generating and processing of information.

The deinstitutionalization of retirement and the destabilization of traditional sources of identity which some observers associate with the emergence of the new global economy hold the potential to undermine the economic and cultural frameworks that have so substantially improved the quality of life for the elderly during the modern era. From this perspective, the emergence of the postmodern culture and post industrial global economy threaten to erode the cultural and economic foundations of the welfare state and expose the elderly, or at least the less affluent among them, to unprecedented economic and existential hazards.

This panel will discuss (debate) the extent to which the institutional supports, especially in the public sector (Social Security and Medicare) for retirement are unraveling and that identity in old age is about to be undone by the fragmenting, decentering and relativizing effects of an emerging postmodern culture. Two members of the panel will argue that the huge growth in the population of older people over the next 30-40 years, the cohort experiences of the boomer generation, the emergence of a new feminism based on the needs and resources of older women and the increasing saliency and valorization of the caregiving relationship will generate a culture based on humanistic values, an economy based as much on health and long-term care services as information Technology and a politics of resistance to reductions in old age benefits. They will also argue that these developments could then create the conditions for far reaching innovations in public policy and changes in the relationship between the public and private sectors that do not correspond to any current ideology or political strategy.

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OLDER ADULTS ONLINE IN THE INTERNET CENTURY

R. W. Morrell, The Practical Memory Institute, 2112 Sahalea Terrace, Silver Spring, MD 20905

PARTICIPANTS:

Douglas McConatha (West Chester University, West Chester, PA 19383-2110) Innovative Web Use by Older Adults

Barbara J. Holt (Kathpal Technologies, Inc., Dunn Lorig, VA 22027) Long-Term Care Resources on the Internet

Sara J. Czaja (Department of Psychiatry and Behavioral Sciences, University of Miami School of Medicine, Miami, FL 33136) Enchancing the Usability of the Internet for Older Adults

Sunkyo Kwon (Humboldt University Berlin, Luisenstr. 50, 10117 Berlin, Germany) Is the World Wide Web an Intimidating Place for Elderly Users? Findings from an Online Accessibilty Study

Stephanie Dailey (The National Institute on Aging, Office of Communications and Public Liaison, Bethesda, MD 20892-2292) & Roger W. Morrell (The Practical Memory Institute, Silver Spring, MD) The AgePage Short Course Online: Website Design to Enhance Health Education in Older Adults
DISCUSSANT:
Ronni Sterns (Creative Action Inc., Akron, OH, 44303)

The information highway is no longer bypassing older adults. The elderly are now the fastest growing segment of Internet users. Most websites, however are constructed for younger people without age-related differences in cognition and perception taken consideration. Therefore, the majority of websites may be difficult for the elderly to navigate. Furthermore, many issues that might discourage use of the Internet by older adults such as confidentiality, training materials and opportunities, and access have not been resolved. Moreover, the potential use of the Internet by older adults is just now being considered.

In this symposium a general overview of use of the Internet by the elderly will be presented. Innovative uses of the Internet and examples of websites designed for use by older adults will be demonstrated. Data on the accessibility and usability of certain websites by older adults will also be outlined. Despite current concerns, It will be shown that the Internet is a viable alternative for information exchange, education, as well as communication for older adults.

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PRESERVING QUALITY OF LIFE IN PEOPLE WITH ALZHEIMER'S PATIENTS

S.M. Albert, Gertrude H. Sergievsky Center, P&S Box 16, PH-19, 630 West 168th St., Columbia University, NY 10032.
M. Silberfeld, S. Rueda, M. Krahn, G. Naglie (Baycrest Centre for Geriatric Care, Toronto) Content Validity of Three Generic Preference-Based Quality of Life Instruments for Dementia.
G. Naglie, C. Tansey, M. Krahn, J. Irvine, P. Ritvo, G. Tomlinson, M. Silberfeld (Baycrest Centre for Geriatric Care, Toronto) Reliability of Utility-Based Quality of Life Measures in Alzheimer's Patients and Their Caregivers: Preliminary Results.
S.M. Albert, D. Devanand, S.D. Jacobs, M. Sano, K. Marder, K. Bell, J. Brandt, M. Albert, Y. Stern (Columbia University, New York) Preservation of Positive Affect Among Alzheimer's Patients with Psychiatric Symptoms.
R.G. Logsdon, L.E. Gibbons, S.M. McCurry, L. Teri (University of Wasington, Seattle) Quality of Life in AD: From Assessment to Intervention.
D.F. Edwards, T. Rosenfeld, D. Russell-Thomas, C. Baum (Washington University, School of Medicine, St. Louis) Impact of a Therapeutic Activity Program on Quality of life for African-American Elders With Dementia
DISCUSSANT:
Jiska Cohen-Mansfield (Hebrew Home of Greater Washington, Rockville, MD)

To preserve quality of life (QOL) among people with Alzheimer's disease requires that we identify relevant domains, measure them reliably, understand how they change with disease progression, and use this information in the design of clinical interventions. The objective of this symposium is to present new research linking measurement efforts, observational studies, and intervention trials designed to preserve QOL in Alzheimer's patients. These empirical studies identify which QOL domains are preserved through given stages of disease, how they relate to psychiatric symptoms and other indicators of disease progression, and how standard QOL tools may need to be amended to capture QOL in AD. The studies suggest that activity-based interventions, perhaps tailored to particular types of patients, are likely to promote QOL in people with AD.

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IMPLICIT AGE STEREOTYPES: MEASUREMENT AND IMPLICATIONS

Organizers: B. R. Levy & M. L. Hummert
Chair: J. T. Erber (Florida International University, Miami, FL 33199)
PARTICIPANTS:
T. M. Hess & C. Auman (North Carolina State University, Raleigh, NC 27695-7801) Aging, stereotype activation, and cognitive performance.
M. L. Hummert, T. A. Garstka, L. O'Brien & W. Geiger (University of Kansas, Lawrence, KS 66045). Implicit positive and negative stereotypes of young and old.
S. T. Kwong See (University of Alberta, Edmonton AB, Canada T6G 2E9) Beliefs about aging memory: An indirect assessment.
B. R. Levy (Yale University, New Haven, CT 06520-8034). Handwriting: A tool for measuring implicit age self-stereotypes.
DISCUSSANT:
N. Kogan (New School University, New York, NY 10003)

A paradigm shift is occurring in our knowledge of aging stereotypes. Traditionally, the content and effects of age stereotypes have been assessed using explicit measures such as attitude scales, trait generation and trait rating. Yet in the last decade, research has emerged suggesting that age stereotypes may operate outside conscious awareness. This symposium will examine some techniques for measuring implicit age stereotypes. The symposium will also explore how implicit age stereotypes may influence young people's perceptions of older individuals and older individuals' self-perceptions and behaviors.

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MARRIAGE AND WELL BEING IN MID AND LATER LIFE COUPLES: EXPANDING THE MARITAL LENS

J. Sandberg, Family Therapy Programs, Syracuse University, Syracuse, NY 13244.

PARTICIPANTS:

S. Kasl, R. Tower, A. Darevsky. (Dept. of Epidemiology and Public Health, Yale University School of Medicine, New Haven, CT 06520). Marital Closeness Influences Mortality in Older Couples.

A. Townsend & B. Miller. (Mandel School of Applied Social Sciences, Case Western Reserve University, Cleveland, OH 44106). Disability and Depressive Symptoms in Middle-Aged Married Couples.

R.C. Intrieri, P.E. Goodwin, D.R. Papini. (Department of Psychology, Western Illinois University, Macomb, IL 61455). A Confirmatory Factor Analysis of the Dyadic Adjustment Scale With Mid-Life Married Couples.

R.B. Miller & V.L. Bengston. (School of Family Life, Brigham Young University, Provo, UT 84602). Continuity in Mid- and Later-Life Marital Relationships.

DISCUSSANT:

G.A. Hinrichsen. (Hillside Hospital, Research Department, Glen Oaks, NY 11004).

The impact of marital process or quality on overall well being is both intuitive and empirically proven. The link between marital functioning and mental and physical health in younger couples has been well established. However, a marital lens or perspective has been curiously under utilized in the study of older adults and their families. This symposium represents an effort to investigate a number of key issues in the field of gerontology from a marital perspective. Specifically, the symposium will consist of four, data based, presentations on the following issues: mortality as it relates to marital closeness, disability and depressive symptoms in mid-life couples, dyadic adjustment in mid-life couples, and the quality and stability of long-term relationships. The purpose of the symposium is to invite additional scholarship that investigates the role of marital dynamics in later life health and/or illness. Also, both the discussant and chair will add their clinical perspective as to the value of and need for the marital lens.

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THE ROLE OF EXPERIENCE IN EVERYDAY PROBLEM SOLVING AND DECISION MAKING

J. Strough, B.A. Edelstein, Dept. of Psychology, West Virginia University, Morgantown, WV 26506-6040.

PARTICIPANTS:

B.A. Edelstein, D.R. McKee, R.R. Martin, J.L. Goodie, A.L. Black, L.W. Drozdick, K. Kalish (Dept. of Psychology, West Virginia University) The Roles of Experience and Knowledge in Medical Decision Making.

J. H. Patrick, J. Strough (Dept. of Psychology, West Virginia University) Relocation Decisions: The Influence of Personal and Vicarious Experience.

J. Strough, L.M. Swenson, J. H. Patrick (Dept. of Psychology, West Virginia University) Experience and Strategies for Solving Interpersonal Everyday Problems.

J. Allaire (Institute of Gerontology, Wayne State University, 87 E. Ferry St., 226 Knapp Bldg., Detroit, MI 48202) Everyday Knowledge as an Index of Experience: Its Relationship to Everyday Problem Solving and Functioning.

DISCUSSANT:

M. Marsiske (Institute of Gerontology, Wayne State University)

As individuals age, experience with everyday problem solving and decision making is likely to increase. The objective of the symposium is to consider the ways in which vicarious, personal, and cumulative experience relate to decision-making and problem-solving processes and outcomes. First, the relation between experience with medical procedures (preventative & life-saving) and younger and older adults' decisions about these procedures is addressed. Second, experience with relocating to a new residence is used to predict the likelihood that an older adult is considering relocating in the future. Third, strategies for solving interpersonal everyday problems are compared as a function of older adults' experience or lack of experience with such problems. Fourth, cumulative experience is used as a predictor of competent performance on everyday tasks in later life. Together, the papers contribute to an understanding of how multiple facets of experience (personal, vicarious, cumulative) relate to problem-solving and decision-making processes and outcomes in later adulthood.

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PSYCHOLOGICAL AND PHYSICAL HEALTH CHARACTERISTICS OF DEPRESSED OLDER ADUL PRIMARY CARE PATIENTS WITH AND WITHOUT HISOTRY OF TRAUMA

J.M. Cook, VA Palo Alto Health Care System, Palo Alto, CA 94304, P.A. Arean, University of California, San Francisco, and J. I. Sheikh, M.D., Stanford University

Despite the proliferation of research on trauma in younger populations, little is known about the extent of trauma exposure in older adults and its psychological and physical health effects. Most studies examining the impact of traumatic exposure either do not include a representative number of older adults or do not include them at all. Research on younger populations has shown that individuals with a history of traumatic exposure have higher levels of psychological distress, including depression, than individuals without a traumatic history. In addition, a history of trauma appears to increase an individual's susceptibility to illness and physical health problems. The purpose of the current study was to examine the relationship between history of traumatic experiences and psychological and physical functioning in a sample of 71 depressed primary care older adults. T-tests indicate that depressed older adults with a history of trauma report greater depressive symptomatology (t =-4.71, p <.001) but did not reveal poorer physical health (t = -.72, p >.05) than their non-trauma counterparts. Trauma is an important variable that warrants further investigation in older adults. Clinical implications of these findings will be discussed.

LINKAGES BETWEEN ACTUAL DEPRESSION, FEELINGS OF DEPRESSION, AND ILLNESS AMONG THE ELDERLY

J.L. Dombrowski, Center for Policy Research,
Syracuse University, Syracuse, NY 13244

Depression has been known to strike people as their bodies age. Limitations in motor skills, cognitive skills, and experiences with major illnesses can make the effects of depression greater for people who experience them. This presentation uses data from the HRS survey to examine the relationship between respondent's reports of depression, their experiences of depression symptoms measured by a symptom index, and the number of illnesses they have experienced prior to episodes of depression. It is found that respondents are more likely to have experienced numerous depression symptoms than they are to self-report experiences with depression. A positive relationship was also found between the number of major illnesses experienced and episodes of depression and depression symptoms.

A LONGITUDINAL EXAMINATION OF SOCIAL SUPPORT, DISABILITY, AND DEPRESSION IN RECENTLY HOSPITALIZED OLDER ADULTS

A.L. Bank, B.T. Mast, P.A. Lichtenberg, S.E. MacNeill, and J.C. Allaire, Institute of Gerontology, Wayne State University, and Sinai-Grace Hospital, Detroit, MI 48202

Many empirical studies have found strong relationships among social support, disability, and depression in older adults. However, few researchers have considered how these relationships change over time, and no studies have included large numbers of ethnic minority elders in their samples. We examined the links among social support, disability, and depressive symptoms in a longitudinal study of 171 medically-ill, predominantly African-American, older adults who were living alone prior to hospitalization. Self-report measures of social and tangible support networks, perceived adequacy of emotional support (PAES) and tangible support (PATS), presence of a confidant, disability, and depressive symptoms were obtained at baseline during in-patient rehabilitation, and at 3 and 6 months post-hospitalization. Path analysis revealed that depressive symptom levels, disability, and PAES were generally stable over time. Baseline levels of depressive symptoms predicted PAES at 3 months. Depressive symptoms at 3 months predicted both PAES and disability at 6 months. Baseline PAES did not predict depressive symptoms or disability at 3 months, but PAES at 3 months did predict disability at 6 months. These findings suggest that depression predicts changes in social support and physical functioning following hospitalization, and that aggressive treatment of depression may be important in reducing later disability and impaired social support.

Impact of Depression in Older Adults with Impaired Vision.

R. J. Casten & B.W. Rovner. Wills Eye Hospital, Geriatric Psychiatry, 900 Walnut St., Phila., PA 19107

Impaired vision is extremely disabling and is often associated with depression, which itself is disabling. We hypothesized that the relationship between visual acuity and disability differs between depressed and not depressed people. To address this we examined relationships among visual impairment (acuity), depression (CES-D), and function (both general function and vision function) among depressed vs. nondepressed subjects. We assessed these variables in 114 subjects over age 65 who had macular degeneration. 49 (43%) subjects met DSM-IV criteria for major depression. Two regressions were performed with vision function and general function as the dependent variables, respectively. Independent variables were health (medical illness burden), acuity, CES-D, and the CES-D/acuity interaction. For vision function, acuity (beta=.46) and CES-D (beta=.22) were significant (multiple r=.55). For general function, health (beta=.29) and the interaction term (beta=.43) were significant (multiple r=.53), indicating differential relationships between acuity and general function for depressed vs. nondepressed subjects. The r between acuity and general physical function was .55 and .17 for depressed and nondepressed subjects, respectively. These data indicate that for depressed subjects, the effects of vision impairment generalized to nonvision activities. They seem to have adopted the attitude "I can't see so I can't do anything".

PREDICTING DEPRESSION AND LIFE SATISFACTION IN PERSONS AGING WITH POST POLIO AND RHEUMATOID ARTHRITIS (RA)

B.M. Adams, D.M. Ettelson
Rehabilitation Research and Training Center on Aging with a Disability, Rancho Los Amigos National Rehabilitation Center, Downey, CA 90242

Due to improvements in health care and treatment of physical disabilities, persons with polio and rheumatoid arthritis are living longer. Little is known about the biopsychosocial correlates of this trend in aging. This study examined the changing needs and life circumstances of persons aging with polio and RA. Data from several physical, social, functional, and psychological measures (including demographics) were regressed on depression and life satisfaction. While higher life satisfaction, education, frequency of doctor visits, and number and frequency of contact with "good friends" best predict depression, sexual activity, satisfaction with amount of family contact and overall emotional support, existence of a best friend or confidant, and recurrence of physical pain were the best predictors of life satisfaction. Although ratings of overall physical health significantly predicted both outcomes, it better predicted life satisfaction. Compared to Polio survivors, persons with RA reported higher levels of depression, but there was no difference in life satisfaction. Interestingly, measures of ADLs, IADLs age, income, religiosity, alcohol consumption, et al., did not significantly predict outcomes.

PREDICTORS OF MORTALITY IN 96 ELDERLY VETERANS WITH COMORBID MEDICAL AND PSYCHIATRIC SYMPTOMS.

H.Lavretsky[1], R. Bastani[3], R. Gould[4], I Gokhman[3], D. Huang[3], A. Maxwell[3], C. McDermott[2], R. Mistry, J. Rosansky[2], S.Taylor[3], L. Jarvik[1,2], and the UPBEAT Collaborative Group[2]. [1]UCLA Dept. of Psych. & Biobehav. Sciences and NPI&H, Los Angeles, CA 90095, [2]VA Greater Los Angeles Health Care System, [3]UCLA Program Evaluation Center (PEC), School of Public Health, Los Angeles, [4]UCLA Statistical Computing Center, Los Angeles

Co-existing medical and psychiatric conditions are likely to affect disease outcomes. The following report investigates predictors of mortality in patients with comorbid medical and psychiatric conditions. Patients over age 60 admitted to acute medical and surgical inpatient services of the West Los Angeles VA Healthcare Center with symptoms of depression or anxiety were enrolled in the UPBEAT (Unified Psychogeriatric Biopsychosocial Evaluation and Treatment) program. Medical burden was measured on the Cumulative Illness Rating Scale (CIRS). ANOVA was used to compare survivors and deceased at 24 months with regard to demographic variables, CIRS scores, severity of symptoms of anxiety and depression, and 2 composite scores from the Medical Outcomes Study Short Form 36-Item Health Survey (SF-36) (MCS and PCS). We assessed predictors of mortality in the logistic regression model. In the univariate analysis death was associated with worse quality of life at baseline expressed in PCS, as well as, five CIRS Severity and Comorbidity Indexes, and a greater number of the extremely severe disease categories. In the logistic regression analysis, depression, anxiety and MCS, and demographic variables did not predict death in our sample. However, PCS (p=0.03), the number of the disease categories at baseline (p=0.04), and the number of the extremely severe disease categories post-discharge (p=0.0004) predicted death.

DEPRESSION IS THE NUMBER ONE CAUSE OF DISABILITY IN WOMEN

Lee Shirey, National Academy on an Aging Society, 1030 15th Street, NW, Suite 250, Washington, D.C. 20005-1503

Depression is the most common serious brain disease in the United States, affecting more than 15 million people each year. It is more prevalent among women and people with other chronic conditions. Left untreated, depression may become a chronic condition that disrupts work, family, and personal life.

This study uses data from three national data sets to present a profile of individuals with depression. Data are from the 1994 National Health Interview Survey, the 1993 study of Asset and Health Dynamics Among the Oldest Old, and the 1992 Health and Retirement Study. The impact of depression on social activities, paid work, and satisfaction with life are examined. Our results indicate that, in general, people who are depressed are less socially active, less likely to be working, and less satisfied with life compared to people who are not depressed.

Depression costs the U.S. $44 billion a year. Direct treatment accounts for only $12 billion—27 percent—of the total cost. More than 80 percent of people who are depressed can be treated quickly and effectively. Unfortunately many people do not seek treatment. The consequences can be severe, including death. Depression is a disease that affects all of society, and should be addressed by all of society.

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VALIDITY AND RELIABILITY OF THE CHINESE GERIATRIC DEPRESSION SCALE

D.W.L. Lai, Faculty of Health and Social Development, Okanagan University College, Kelowna BC V1V1V7
H. Mok, Consultant Psychiatrist, Vancouver Hospital and Health Sciences Centre, Department of Psychiatry, University of British Columbia

The increase of cultural diversity in the elderly population demands that further attention be given to the development of culturally valid and reliable mental health assessment instruments. Working toward that end, the present study tested the reliability and validity of a Chinese version of the Geriatric Depression Scale. The scale was administered to a group of clinically depressed Chinese seniors and a comparison group of mentally healthy Chinese elderly. Other validation measures were also used in the study, these included the Chinese version of the SF-36, the short Chinese version of the Zung Self-Rating Depression Scale, and the Chinese Mini Mental Status Examination (MMSE). The findings indicate that the Chinese GDS has a high degree of criterion and convergent validity. In addition, information on internal consistency and test-retest reliability of the instrument is provided. With the formal establishment of the validity and reliability of the Chinese GDS in the clinical setting, it is recommended to be used on a broader scale among the Chinese elderly as a sound and easy to administer assessment tool.

CULTURALLY SENSITIVE ASSESSMENT OF DEPRESSION IN OLDER PUERTO RICANS

J. Robison, K. Blank, D. Fogel, C. Gruman, Braceland Center for Mental Health and Aging, Institute of Living/Hartford Hospital, 400 Washington St., Hartford, CT 06106

Depression is a growing problem among inner-city minority populations, with Hispanics consistently showing higher rates than other ethnic groups. Yet, older Hispanics face language and cultural barriers to accurate diagnosis and treatment for depression. This study tests multiple versions of four depression screening tools, the CES-D, the GDS, the Yale one question screen, and the PRIME-MD two question screen, against the CIDI, the WHO's diagnostic interview which has been validated in Puerto Ricans, to identify the most culturally sensitive tool for use in a primary care setting. 300 Puerto Ricans over age 50 attending 5 Hartford, CT clinics completed all screens in a face-to-face interview. The 10 item CES-D shows the most cultural sensitivity in this population, with a sensitivity of 74.3 percent, specificity of 70.2 percent, and negative predictive value of 93.6 percent. Clearly, this brief screen, which takes about two minutes to administer, cannot substitute for an in-depth evaluation; yet its value to identify patients in need of such an evaluation is indisputable. Socio-demographic correlates of depression and barriers to receiving mental health care encountered over a 3 month followup period are also presented.

PSYCHOSOCIAL RESOURCES AS PREDICTORS OF DEPRESSION AMONG OLDER ADULTS IN KOREA: THE ROLE OF SENSE OF MASTERY, SOCIAL NETWORK, AND SOCIAL SUPPORT

Y. Jang, W. E. Haley, B. J. Small, S. L. Reynolds,
Department of Gerontology, University of South Florida,
Tampa, FL 33620

The purpose of this study is to examine the relationship of psychological resources (sense of mastery) and social resources (social network and social support) to depressive symptoms among older adults in Korea. While social network and social support have been widely acknowledged as valuable coping resources for older adults, their associations with internal values or psychological resources have not received much attention. Moreover, examination of such constructs has rarely been conducted outside of Western society. Given the importance of psychosocial resources and the need for culturally diverse research, this study examined the role of sense of mastery, social network, and social support as predictors of depressive symptoms among older adults in Korea. In the present study, 153 elders in three cities in Korea completed instruments assessing sense of mastery, various dimensions of social network and social support, and depression. A hierarchical regression model of depression showed that individuals with higher sense of mastery and a larger network of relatives were better off in mental health. Results are discussed in the context of Korean culture and values.

GENDER VERSUS SOCIAL ROLES: WHAT REALLY MATTERS FOR STRESS AND DEPRESSION?

A. A. Atienza & A. C. King.,
SCRDP, Stanford University School of Medicine,
730 Welch Road, Suite B, Palo Alto, CA 94304

Research has suggested that women report more stress and depression than men. Other research has found certain social roles, such as informal family caregiver, to increase stress and depression. Yet, few studies have examined the well-being of both men and women with and without the caregiving role. The present study compared stress and depression levels among 91 older (60+ years old) adults: 38 female & 21 male caregivers, and 21 female & 11 male non-caregivers. All participants were married. Stress and depression were measured by the Perceived Stress Scale and the BDI. Results indicated that male caregivers did not differ from female caregivers in stress (mean: 26.1 & 27.2, respectively; n.s.) nor depression (mean: 11.0 & 10.5, respectively; n.s.). Both men and women caregivers reported greater stress ($p \leq .001$ each) compared to non-caregiving men (mean: 14.3) and women (mean: 16.6) Similarly, both men and women caregivers reported greater depression ($p \leq .001$ each) compared to non-caregiving men (mean: 3.5) and women (mean: 4.0) Non-caregiving men and women did not differ on stress and depression. Findings suggest that social roles, rather than gender, explain stress and depression in older men and women. Men and women are equally vulnerable to the stress and depression associated with caregiving.

The Influence of Chronic Illness and Physical Disability on Depressive Disorders among Older Mexican Americans

Sandra A. Black, PhD, Charles E. Holzer, PhD, and Kyriakos S. Markides, PhD., Laura A. Ray, MPA, University of Texas Medical Branch

Longitudinal data from the Hispanic Established Population for the Epidemiologic Study of the Elderly (EPESE) were used to assess the influence of disease and disability on major depressive episode and dysthymia in a representative sample of community-dwelling elderly Mexican Americans residing in the Southwestern U.S. The depression module of the Composite International Diagnostic Interview (CIDI) was administered to 2160 older Mexican Americans, and results were used to derive lifetime, one-year, and current rates of depressive diagnoses. Logistic regression was used to assess the risk of major depressive episode and dysthymia associated with sociodemographic risk factors, antecedent chronic medical conditions, and antecedent functional disability. The rates of depressive diagnoses varied by gender, marital status, and immigrant status, but not by age or education. Recent depressive disorders were strongly associated with an increased number of antecedent chronic medical conditions and functional disabilities, even when controlling for the influence of sociodemographic risk factors. Both major depressive episode and dysthymia were found to be strongly influenced by chronic illness and functional disability. These findings point to the need for heightened awareness of depressive disorders and associated health influences among older Mexican Americans.

SOCIOCULTURAL, HEALTH, AND PSYCHOSOCIAL RESOURCES AS MODERATORS OF THE RELATIONSHIP OF STRESS TO DEPRESSIVE SYMPTOMS AMONG OLDER MEXICAN AMERICANS: EVIDENCE FROM THE H-EPESE

M.P. Aranda, E. Sobel, P.J. Lee, K. Markides, D. Chiroboga. School of Social Work, University of Southern California, MRF, #214, Los Angeles, CA 90089

Little is known about the impact of acute and chronic strains encountered by older Latinos, and those factors which obviate the effects of stress on depression. Drawing from baseline data from the Hispanic EPESE, we test the attenuating effects of sociocultural, health, and psychosocial resources on the relationship between stress and depressive symptoms in a population-based sample of older Mexican Americans. The mean CES-D score for the entire sample was 9.66 ± 9.35, while 30% of the sample had scores in the ≥ 16 cutoff range. The respondents averaged one acute life change event. About 60% of the sample reported not having enough money to pay monthly bills. Using hierarchical regression analyses, the results indicate that 28% of the variance in depression was accounted for by the following variables: gender, acute life events, chronic financial strain, global health rating, IADLs, health locus of control, and available confidant. Once interactive terms were entered, acute life events lost significance as a main effect. It appears that personal and social resources such as higher levels of locus of control and having an available confidant mitigate the relationship between stress and depression. Interventions targeted towards enhancing these two potential resources should improve psychological well-being in this population.

AFFECT AND SELF-ESTEEM AS RELATED TO PHYSICAL HEALTH STATUS

E. Bastida, G. Gonzalez, S. Flanagan, J.De La Cruz, I. Castro, V. Martinez, N. Kayaardi, Z. Tijerina, Minority Bio-medical Research Support group, University of Texas-Pan American, Edinburg, TX 78539.

This study explored relations of self-esteem, positive and negative affect on physical health status using the Rosenberg's Self-esteem Scale, a Health Status Measure (HSM) constructed by the authors, and factor scores derived from the DSD-26, a depression scale developed by Roberts. The health status (HSM) was constructed using 26 health items from a survey administered to community based random sample of 1100 Mexican Americans aged 45 and over. Mean score on the HSM was 4.0 ($n = 1100$, $sd = 2.75$). Females were found to have significantly higher scores (poorer health) than males on the HSM, $F(1,949) = 21.56$, $p < .000$). Participants reported physician diagnosed conditions in 95% of cases. Relations of health status, self-esteem and affect were explored using multiple linear regression. Predictors of health status were gender, education, acculturation, self-esteem, ADL, and DSD-26. Depression and ADL were the strongest predictors of physical health status, respectively, Beta = 222, $p < .01$ and Beta = .323., $p < .000$. Acculturation score, linearly measured was also physical health status, respectively, Beta = .323, $p < .000$ and a significant predictor of health status, Beta = .147, $p < .05$. Gender and education levels were surprisingly not significant linear predictors of HSM. Overall, a significant relation was obtained between psychological status (both positive and negative affect) and health status. Individuals with greater health problems exhibited lower self-esteem scores ($r = -.352$, $p < .000$). and significantly higher depression scores ($r = .426$, $p < .000$).

SOCIOECONOMIC STATUS, RACE-ETHNICITY, AND MENTAL HEALTH IN MIDLIFE AND OLDER ADULTHOOD LONGITUDINAL EVIDENCE FROM THE NATIONAL SURVEY OF FAMILIES AND HOUSEHOLDS

Nadine F. Marks, Heejeong Choi, Human Development and Family Studies, University of Wisconsin-Madison, 53706.

As social inequalities continue to increase in the US and elsewhere, tracking, understanding and addressing social status differences in mental health, which may also be linked to social status differences in *physical health, isan important public health concern. Lower* socioeconomic status (SES) and nonmajority racial-etimic status have been associated with poorer mental health, but most research in this area has been cross-sectional and has not examined whether age and gender may moderate the influence of SES and race-ethnicity on mental health over time, or whether race-ethnicity may moderate the influence of SES on mental health.

The aims of this study were 1) to examine the degree to which SES (education and household income) and race-ethnicity were associated with changes in negative and positive affect (depression and happiness) over five years; 2) to examine how gender and age moderated these associations, and 3) to examine whether race-ethnicity moderated the effects of SES on mental health change.

Data from a sample of 4,406 adults aged 40-95 who participated in two waves of the National Survey of Families and Households 1987-1993 were analyzed. Results from multivariate regression models suggest that lower education was the best net predictor of a greater increase in depressive symptoms for women over time and lower income was the best net predictor of a greater increase in depressive symptoms for men over time. Race-ethnicity was not a net predictor of decline in mental health. Net of education and income, Latino men reported a greater decline in depressive symptoms and Latino women reported a greater increase in happiness over time than their non-Hispanic white counterparts. Gender differences were noted most clearly for Latinos. Age group (midlife aged 40-60 vs. older adult aged 61-95) did not moderate the pattern of SES and race-ethnicity effects and race-ethnicity did not moderate the effects of SES.

RELATIONSHIP BETWEEN INCIDENCE OF WIDOWHOOD AND DEPRESSION AMONG OLDER MEXICAN-AMERICANS.

A.R. DiNuzzo, L. Rudkin, and K. Markides. Preventive Medicine and Community Health, University of Texas Medical Branch, Galveston, TX 77555

This study describes the incidence and predictors of widowhood and changes in baseline health measures, such as self-reported health, depression, and life satisfaction among recent older Mexican American widows. Utilizing baseline and follow-up data from the Hispanic Established Population for Epidemiological Studies of the Elderly (HEPESE), changes in marital status over a two year period were compared to sociodemographic variables including subject age and gender, and specific health measures - self-reported health, depression caseness as a measure of psychological distress and life satisfaction. Overall, at baseline, widowed subjects were in poorer health, more depressed and had less life satisfaction than married subjects. Almost 4% or 78 out of 3050 subjects became widowed between baseline and the two-year follow-up. Females were almost twice as likely to become widowed and the incidence of widowhood increased significantly with age. Recent widows were almost three times as likely to become depressed compared to subjects whose marital status did not change from baseline. Recent widows reported slightly improved health status and level of life satisfaction at follow-up compared to subjects who were married at baseline and follow-up. Increased depression may be explained by the cultural impact of social ties and bereavement among older Mexican Americans, and the financial, social, and emotional strains which accompany loss of a spouse.

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DEPRESSION AND DRIVING: CAUSE FOR CONCERN?

S.E. Lesikar, PhD & J.J. Gallo, MD, MPH
AMSA Building T-20 Room 213, (Attn: MCHB-TS-

EDM), 6525 16th Street, NW, Washington, DC 20307-5000

Objective: To investigate the relationships between psychological distress, depression, and motor vehicle driving behavior.

Methods: The study was a cross-sectional analysis of the 1996 wave of the Baltimore Epidemiological Catchment Area participants, an epidemiological survey of a community sample of adults. Psychological distress was measured by the General Health Questionnaire (Goldberg, 1987). Major depression was measured by the Diagnostic Interview Schedule (Eaton, 1985). All driving information was self-reported.

Results: Logistic regression revealed that both psychological distress and major depression were associated with an increased occurrence of self-reported crashes and moving violations, even after adjustment for age and annual miles driven (distress risk ratio = 1.42 [1.01, 1.98]; depression risk ratio = 1.88 [1.11, 3.17]).

Conclusion: Our results suggest that individuals with psychological distress or depression may be at higher risk for motor vehicle crashes. Due to the high prevalence of depressive disorders, the relationship between depression and driving warrants further study to investigate potential causal mechanisms.

Depression Awareness Campaign Targeting African American Elders and The Impact of Pharmacists Involvement

J.G.Wilson, A.C. Pinkerton, B. Wierzbicki, T. Templin, P.A. Lichtenberg, MCUAAR, Institute of Gerontology, Wayne State University, 87 E. Ferry St Rm 226 Detroit MI 48202

Symptoms of depression in African-American (AA) elders may be under recognized and under reported. Pharmacists' (RPH) may be able to assist with educating patients about symptoms of depression and where to go for help. RPH have been recognized as the most accessible healthcare professionals, and rated as the most trusted professionals for the past 10 years in the Gallup poll. RPH are now getting more involved in disease state management protocols. As the most trusted and easily accessible healthcare professionals, AA elders may feel at ease talking to their RPH about their medications and possible symptoms of depression. The purpose of this study was to assess the prevalence rate of depression in AA elders, and to ascertain what is customary for RPH when they suspect a patient might be depressed. One hundred AA elders ≥ 55 years old completed the study. Subjects completed 3 short questionnaires: an assessment on attitudes and beliefs about depression; and two self-report depression rating scales (Short Form Geriatric Depression Scale {GDS}) and the Center for Epidemiological Studies-Depression Scale (CES-D). A RPH assessed twenty-five of the subjects for symptoms of depression using whatever techniques that were customary. We found an overall prevalence rate of probable depression of 20%. Subjects that had never been married were the most depressed, p= 0001, followed by divorced subjects p=0.046. There was a strong correlation between the CESD and GDS r= .682. We also found a significant correlation between the CESD r= .684 and the RPH level of certainty and symptom severity. Our study suggests that the rate of depression in AA elders may be the same as the general population. Our results also suggest that community RPH can help. RPH are currently involved in diabetic teaching, smoking cessation, and immunization programs. With training RPH should be able to talk to AA elders about the signs of clinical depression, and guide them to get the help they might need.

Promoting Well Being of Elders Through a Tai Chi Chaun Exercise Program

Susan Bigley MS-c; Judith Bunnell Sellers, DNSc, FNP, RNP Northern Arizona Univ. Dept of Nursing, Flagstaff, AZ

Aging, dynamic process, involving changes in physical, social and psychological functioning. Psychological well being and its relationship with chronic illness and physical function is an important area for health care providers. This paper will report on findings of a pilot study of the effects of Tai Chi, a movement therapy, on psychological well being of a group of elders in assisted living. Descriptibe statistics and qualitative information about the benefit of the program will be presented.

A voluntary sample of 15 elderly participated in an 8 week Tai Chi course, 9 of these completed. Pre and post program data were gathered on depression (GDS) and perceived health (Likert scale, excellent to poor). The small sample size prohibits inferences, however pre and post scores as well as interview data provide information about elderly in an assisted living facility, rich data about Tai Chi as a method of promoting quality of life, and indications for additional research.

THE EFFECTIVENESS OF A VIDEO-TAPED VIGNETTE TRAINING ON NURSING STAFF'S ABILITY TO RECOGNIZE MOOD TRIGGERS FROM THE MDS.

S Wood, ER Schnelle, J Cummings, M Shimonova, M Stephens, A Nedelesky. Scripps College. UCLA Alzheimers Disease Center, Department of Neurology, Los Angeles, CA

The purpose of this study was to evaluate the effectiveness of training nurses to detect mood triggers with a series of videotaped vignettes. The vignettes consisted of 3 or more patients displaying several behaviors consistent with mood triggers from Item E of the MDS. Thirteen nurses were trained from site 1 nursing home, 6 nurses at site 2 served as a control. The nurse participants were predominately female (81.3%). Average age was 41 (± 14.87), and average length of service in long term care was 11.2 (± 7.11) years. Training consisted of four video-taped vignette training sessions with an open discussion format. The nurses and aides were given a list of MDS mood triggers. Outcome measures included a written test and a vignette test administered at the beginning and ending of training. According to a paired samples t-test, test scores of the nursing staff in the intervention group improved at detecting mood triggers on both the vignette post-test ($p<.01$) and the written post-test($p<.01$). The control group did not show improvement.

PREDICTORS OF PHYSICIANS' CONFIDENCE IN ASSESSING SUICIDALITY OF GERIATRIC PATIENTS

M. Adamek, Indiana University School of Social Work, 902 W. New York St., Indianapolis, IN 46202, M. Kaplan & J. Martin, Portland State University School of Community Health, Portland, OR 97207.

US Surgeon General Satcher recently declared suicide a major public health problem. Suicide rates of older adults are disproportionate to the rest of the population. Most psychiatrically ill older adults who are potentially suicidal are seen in primary care settings where the typical provider is inadequately trained to diagnose and treat such disorders. Still, physicians are in a prime position to identify older persons at risk for suicide. This study focused on physicians' confidence in managing suicidality of older patients. A random sample of 300 primary care physicians in Illinois was surveyed regarding their management of depression and suicidality among geriatric patients. Respondents rated their confidence in assessing suicidality of older patients on a 1 (not at all confident) to 5 (very confident) scale. The 167 respondents had a mean confidence rating of 3.62 (SD .96). Bivariate analyses revealed 22 variables that were associated with confidence at $p<.10$. A multivariate regression analysis identified 6 predictors that accounted for 55% of the variance in confidence scores. About half of the explained variance was attributed to 3 variables: confidence in diagnosing depression, residency training in suicide risk assessment, and assessing for intentional misuse of medication. The results suggest that targeted training of primary care physicians regarding detection and management of depression and suicidality is essential. Such efforts can be helpful in meeting the goals of the Surgeon General's 1999 Report on Suicide.

GEROPSYCHOLOGICAL INTERNSHIPS: A SURVEY OF PSYCHOLOGY INTERNS AND SUPERVISORS

M. M. Brant, Graduate Department of Professional Psychology, University of Saint Thomas, Minneapolis, MN 55403.

In an update of a 1995 survey, doctoral psychology interns and supervisors participating in American Psychological Association accredited sites with a major rotation in geriatrics for the 1999-2000 internship year responded to questions pertaining to supervision practices, training experiences, and development of expertise in geropsychology. With 109 of 148 possible sites responding (74%), 68 sites indicated that the geriatric rotation was unfilled. Demographic assessment indicated that intern supervision continues to be provided by male clinical psychology supervisors with a cognitive-behavioral orientation to female interns with little previous coursework in aging. Supervisory pairs provided data noting an evaluator/mentor stance of supervisors, a focus on basic skills rather than advanced issues of personalization, and a discrepancy ($p < .05$) between perceived actual and ideal supervision practices. Supervisors obtained lower anxiety about aging scores than interns, a finding previously identified as related to exposure to work with older adults (Depaola, et al., 1992). Findings are highly consistent with the 1995 survey and do not indicate an increase in pre-internship training or intern participation in geriatrics, despite an increased number of available sites.

African American Mental Health Services Preferences

Larry W. Dupree, Ph.D. and Mary R. Watson, M.S.N. Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa, FL 33612.

Since traditional approaches to mental health service delivery have not typically attracted African American populations, reasons for such need to be explored. The investigators conducted survey research to examine attitudes and preferences of African Americans, related to utilization of mental health services. The subjects, African American adults, primarily age 50 and older independently completed a 47-item questionnaire at various community sites/events. Data has been collected from 1600 subjects and a "preferences profile" has been generated that describes willingness to accept services, preferred service provider, preferred service site and barriers to receiving services. The results show that mental health services to African Americans need to be provided in a variety of non-traditional settings that are culturally relevant and appealing.

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WORRIES OF THE VERY OLD

R.E. Dunkle, V. Luong, H.S. Jeon, School of Social Work, University of Michigan, An Arbor, MI 48109; M.R. Haug, and B. Roberts, Center on Aging and Health, Case Western Reserve University, Cleveland, OH 44106

Research in the area of stress suggests that as people grow older, their worries increase. However, little is known about the lives of those who are very old, in particular, the worries they experience everyday. With many very old people facing diminishing health and social resources, it was unclear what their worries were and what contributed to them. A convenience sample of 193 community dwelling elders over the age of 85 were recruited to examine various aspects of health and well-being over 9 years (1986-1995) This paper reports on the survivors (N=23) across three time points, Wave1, Wave 4 and Wave 5. These longitudinal data allowed for the exploration of within case variation as well as group change. The Hassle Scale measured types of worry as well as severity. The Scale included items related to health and mental health of the elder and others as well as worries about the neighborhood, financial concerns and social relationships. Results showed that worries increased four fold over the 9-year study period with concerns about losing things and the health of a family member as the most common forms of worry experienced by these very old respondents. The content and severity of worries ebbed and flowed over time primarily in the area of health. While 2 respondents had no worries at Wave 1, all had worries 9 years later. In fact, all 23 elders had some degree of worry in all categories of worry at Wave 5. Consistently, depression was related to severity of worry across all Waves. Measures of social support, health and functioning were not significantly related to severity of worry (NIA, AG-05635).

LIFE REFLECTIONS AND WORRYING AMONG OLDER ADULTS.

Paul Basevitz, D. Pushkar, M. Conway, & J. Chaikelson, Center for Research in Human Development, Concordia University, Montreal, Canada, H4B-1R6

Research has revealed age related declines in the experience of worry. Nonetheless, there exists a minority of older adults who worry excessively. It was predicted that worrying would be positively associated with feelings of negativity among older adults expressed in the context of a life reflections interview. A semi-structured interview which assessed reflections across a variety of life domains with a focus on regret and the extent to which participants believed they exerted choice, was administered to a sample of 67 community dwelling older adults. The Worry Scale-R (Wisocki, 1994), an index of worrying across a variety of life domains, and the Penn State Worry Questionnaire (Meyer et al., 1990), a measure of trait worry, were also administered. Results revealed that worrying was associated with more regrets and fewer feelings that choice was exercised in life decisions. These results however, were stronger and more consistent on the Worry Scale-R than on the Penn State Worry Questionnaire. The findings suggest that interventions focusing on review and re-conceptualization of regretful life decisions may be useful for older adults who worry excessively about particular life situations. (BSS-19)

TRENDS IN DIAGNOSIS AND TREATMENT OF LATE-LIFE DEPRESSION

J.S. Harman, B.H. Mulsant, K.J. Kelleher, H.C. Schulberg, D.J. Kupfer, C.F. Reynolds

Intervention Research Centers for Late- and Mid-Life Mood Disorders, Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA 15213

Elderly persons have been identified as being particularly vulnerable to under-recognition and under-treatment of depression. Significant efforts, such as the development of clinical practice guidelines and the Consensus Development Conference on Depression in Late Life, were made during the early 1990s to improve diagnosis and treatment of depression. The purpose of this study was to determine if rates of recognition and treatment improved for elderly patients relative to non-elderly patients after these efforts took place. Rates of diagnosis and treatment for depression between 1993-1994 and 1996-1997 were assessed using data from the National Ambulatory Medical Care Survey. In 1993-1994, elderly patients were 9% ($p=.64$) less likely to receive a depression diagnosis during an office visit as compared to visits by non-elderly patients. However, in 1996-1997, elderly patients were 61% less likely ($p=.003$) to receive a depression diagnosis during an office visit. Once diagnosed with depression, treatment for depression was offered 28% less often ($p<.001$) among visits by elderly patients as compared to visits by non-elderly patients in 1993-1994. By 1996-1997, elderly patients with a diagnosis of depression were only 6% less likely ($p=.17$) to be offered treatment as compared to non-elderly persons with a depression diagnosis. It appears that efforts made in the early 1990s to improve recognition and treatment of depression among elderly persons have succeeded in improving treatment rates, but recognition of depression continues to be a problem.

DEPRESSION AND PHYSICAL ACTIVITY IN LATE LIFE: FINDINGS FROM THE 1996-97 NATIONAL POPULATION HEALTH SURVEY

M.S. Kaplan & J.T. Newsom, School of Community Health Portland State University, Portland, OR 97207, B.H. McFarland, Department of Psychiatry, Oregon Health Sciences University, Portland, OR 97201

According to the MacArthur Foundation Study on Successful Aging and the Centers for Disease Control, increasing physical activity may help prolong health and preserve the quality of life of older adults. Greater exercise is associated with lower risk for depression. However, little is known about depression as a predictor of physical activity in the elderly population. As part of a project funded by NIMH, data for 13,363 older persons from the 1996-97 Canadian National Population Health Survey were obtained. Self-reported monthly physical activity lasting more than 15 minutes was estimated (infrequent vs. occasional and regular). The Composite International Diagnostic Interview was used to measure depression. Potential confounding factors such as demographic (age, sex, income, education level, and marital status), perceived social support, co-occurring chronic medical conditions, and physical limitations due to injury were examined. Logistic regression analysis was conducted to determine whether depression predicted physical activity in the elderly population. Results revealed that when controlling for all other variables depressed older adults were less likely (O.R. = .94, 95% C.I. = .90-.98) to engage in regular or occasional physical activity. The findings have important implications for theoretical, applied, and clinical research on health behaviors in late life.

LIFE EXPECTANCY WITH DEPRESSIVE MOOD SYMPTOMS IN THE 70+ POPULATION OF THE UNITED STATES.

K.M. Suthers, E.M. Crimmins

Leonard Davis School of Gerontology, University of Southern California, Los Angeles, CA 90089-0191

This analysis provides estimates of life expectancy with multiple depressive mood symptoms for the 70+ population in the United States. Estimates are based on the prevalence of depressive mood symptoms by age and sex, derived from a cross-sectional, nationally representative sample: the Assets and Health Dynamics of the Oldest Old dataset (AHEAD). Depressive mood symptoms were assessed for both the community dwelling and institutionalized sample population in different waves of this survey, utilizing an abridged version of the CES-D (Radloff 1977). Sullivan's method of life table construction was used to estimate life expectancy with and without depressive symptoms. Gender differences indicate that although women have greater total life expectancies than men, women can expect to spend more years with depressive mood symptoms. Further, age differences indicate that survivorship to the oldest ages does not predict more extended periods of depressive mood symptoms. The relationship of depressive mood symptoms to the disability process will be discussed. Due to the aging of the U.S. population, these estimates warrant attention for future increased disease burden within the 70+ population, and subsequent health care utilization.

future increased disease burden within the 70+ population, and subsequent health care utilization

LONGITUDINAL FINDINGS IN DEPRESSIVE SYMPTOMS: IS DEVELOPMENT ACCELERATED IN THE EXTREME OLD?

C. Rott, M. Kliegel, P. Martin, German Centre for Research on Ageing, Bergheimer Strasse 20, 69115 Heidelberg, Germany, L.W. Poon, M.A. Johnson, University of Georgia, Athens, GA.

In spite of a decrease in the prevalence of major depression an increase of depressive symptoms is very probable in the oldest old. Of special interest is the question whether there is a more rapid development in centenarians. Therefore this paper investigates longitudinal changes of depressive symptoms in three age groups comparing them with age differences. Sixty eight sexagenarians, 51 octogenarians, and 54 centenarians of Georgia Centenarian Study were reexamined after 5.0 (60s and 80s) and 1.8 (100s) years. They were assessed with the GDS, the Lethargy Scale of the OARS, and the BABS at T1 and T2. Both significant age changes and age differences were found for the GDS, the Lethargy, and Positive Affect scores. Centenarians revealed the most unfavorable level of depressive symptoms, octogenarians the most negative development. Neither age changes nor age differences were obtained for Negative Affect. The largest age change occurred for Positive Affect ($\text{eta}^2 = .13$), the largest age difference was found for Lethargy ($\text{eta}^2 = .21$). Only for Positive Affect a significant interaction Age x Time emerged indicating an accelerated decrease for centenarians. Change in Fatigue was a significant predictor for changes in depressive symptoms. Survivors into extreme old age seem to be more resistant to depression than expected but are characterized by a dramatic lack of and decrease in Positive Affect.

CHANGES IN OLDER ADULT LONELINESS: RESULTS FROM A SIX-YEAR LONGITUDINAL STUDY

Pearl A. Dykstra, Netherlands Interdisciplinary Demographic Institute, Postbox 11650, 2502 AR Den Haag, Netherlands

Cross-sectional data suggest that people become more lonely as they age. What do longitudinal data say? Dutch data collected at four points in time over a six-year period are used to determine the effects of aging on loneliness. Over 2500 men and women from the 1903-1937 birth cohorts participated in at least two waves. Analyses using multi-level models confirm the trend suggested by cross-sectional data: older adults become more lonely as time passes. The increase is highest among the oldest. Increasing physical frailty, the loss of the partner, and the loss of other ties account for the rise in loneliness. Entry into a residential facility shows no associations with changes in loneliness. Considerable variations in loneliness exist in specific groups, such as the oldest (attesting to ideas of increasing heterogeneity with age), and those without a partner (indicating that some singles manage fully competently on their own, while others are devastated by the loss of their partners).

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PATERNAL ATTACHMENT AS A RISK FACTOR FOR DEPRESSION IN OLDER WOMEN.

Amy L. Byers, MPH, Carol van Doorn, PhD, Becca R. Levy, PhD. Yale University, Department of Epidemiology and Public Health, P.O. Box 208034, New Haven, CT 06520-8034.

Research is needed to understand why older women are at greater risk of depression than older men. According to Freud's Electra Complex, females develop a stronger attachment to their fathers than their mothers. We examined whether this attachment influenced the likelihood of depression among women aged 70 and older in the Australian Longitudinal Study of Ageing (N=513). As hypothesized, we found that women whose fathers died at a younger age than their mothers were over twice as likely to report depression as women whose fathers died at an equivalent or older age than their mothers. Logistic regression resulted in a significant OR=2.30 (p=0.0089; 95% CI=1.23, 4.28), adjusting for age, education, self-rated health, number of medications, and activities of daily living. This study suggests that age of father's death is a potential risk factor for depression in elderly women.

SOCIAL FACTORS AS PREDICTORS OF UNIPOLAR DEPRESSION.

Bosworth HB, Steffens DC
Duke University, Durham NC 27710

Personal and psychosocial predictors of the clinical course of depression were examined among a sample of initially depressed outpatients. This longitudinal study included 159 patients aged 69 (SD=7.90) years with CES-D scores $\geq$16 or a diagnosis of major depression. One-year depression outcomes were examined. Patients were administered the Duke Depression Evaluation Schedule (DDES), a composite diagnostic interview instrument. Based on a clinical measure (MADRS), 69% of the sample significantly improved over intervening year. Bivariate analyses indicated that baseline marital status, IADLs, ADLs, instrumental and subjective social support were significantly related to change in depression status. In multivariate analyses, a lack of instrumental and subjective social support were the greatest predictors of continued depression at one year. While prior research has indicated that social support measures are related to an increase probability of recovery, research has not been conclusive. However, despite measuring multiple factors, including age, education, presence of disease comorbidities, ADLs, IADLs, and positive and negative stressors, social support as measured by instrumental and subjective social support measures remained the most significant predictors of depression outcome in this study.

WORK, MARITAL EXPERIENCES AND DEPRESSION IN MIDDLE AGE

Hyong-Sil Lee
Dept. of Home Economics Education, Chung-Ang University, 221 Heugsuk-dong Dongjak-ku, Seoul, Korea 156-756

The purpose of this study was to investigate the effect of work and marital experiences on depression among middle-aged husbands and wives. Data were collected from 131 employed husbands and 104 employed wives with children. Significant mean differences between employed husbands and wives were found for marital stress, marital support and depression. Employed husbands reported more marital support than employed wives from their spouse. Employed wives experienced higher levels of marital stress and depression than husbands. Regression analysis showed that work stress had negative effects on depression. Employed husbands reported higher levels of depression when they had more stressful experiences at work. Positive marital experiences were associated with low levels of depression in employed wives. The effects of work stress and marital support on depression highlights the importance of the relationships between work and family experiences and individual functioning in middle age.

LOOKING INWARD: INTROSPECTIVENESS, PHYSICAL DISABILITY, AND DEPRESSION ACROSS THE LIFE COURSE

K. Van Gundy, S. Schieman, University of Miami, P.O. Box 248162, Coral Gables, FL 33124-2208

This study investigates the influence of introspectiveness as a mediating and moderating link between age, physical disability, and depressive symptomology. Using data from a 1985-1986 community sample (N = 1,567) of disabled and non-disabled adults in Southwestern Ontario, Canada, this study tests if (1) introspectiveness is related to age, (2) introspectiveness mediates the association between age and depression, and (3) introspectiveness and disability status have synergistic effects on depression. Results show that older people report less introspectiveness than younger people do—which explains part of the negative association between age and depression. In addition, the association between introspectiveness and depression is significantly stronger for disabled respondents. However, poorer global health among the disabled explains the moderating effect of disability on the introspectiveness-depression relationship.

A COMPARATIVE ANALYSIS OF THE GERIATRIC DEPRESSION SCALE (GDS) AND THE BECK DEPRESSION INVENTORY-II (BDI-II) IN OLDER, INDEPENDENT LIVING WOMEN

Angela Lee Jefferson, 3141 Chestnut Street, PSA Department (47), Drexel University, Philadelphia, Pennsylvania, 19104
D.V. Powers & M. Pope, Department of Psychology, Loyola College in Baltimore, Maryland

For years depression has been a concern among all age groups, with more recent emphasis on the prevalence of depression within the geriatric population and subsequent emphasis on effective screening. The most commonly used depression screening scales for older adults traditionally have been the Geriatric Depression Scale (GDS) and the Beck Depression Inventory (BDI). Research has demonstrated these two measures to be valid, efficient, and to possess high levels of sensitivity and specificity (Norris et al., 1987; Olin et al., 1992). Recently, the BDI was revised and several changes were made which included replacing and rewording various items (BDI-II; Beck et al., 1996). Given these modifications, the purpose of this paper was to examine the GDS and BDI-II in an independent living sample of older women (N=64) to determine if changes to the original BDI have altered its efficacy as a screening measure in older adults. Results were consistent with previous findings comparing the GDS to the original BDI. Specifically, non-response rates for the two measures were comparable with a distinction between the two scales for multiple response rates such that participants were more likely to endorse multiple responses on the GDS. Furthermore, the BDI-II positively correlated with the GDS and both instruments demonstrated high levels of internal consistency. Overall, the results from this study suggest that the BDI revisions have not altered its potential use with older adults.

THE MEASUREMENT OF DEPRESSION OR NORMAL AGING? MULTIDIMENSIONALITY OF THE GERIATRIC DEPRESSION SCALE

K.B. Adams, University of Maryland School of Social Work, 12 Turley Court, North Potomac, MD 20878

Recent literature on depression screening scales suggests older adults endorse items that explicitly acknowledge dysphoric mood at a lower rate than younger adults, leading one research group to coin the phrase "depression without sadness." However, in light of contemporary descendents of disengagement theory such as socio emotional selectivity and gerotranscendence, a number of the "symptoms" on depression scales may be interpreted as normal for older persons. This study is based on responses of 327 community dwelling adults aged 65 to 94 who completed the Geriatric Depression Scale (GDS) and other health and demographic questions via a mailed survey. Items on the GDS were categorized based on a pre-existing principal components analysis from the literature. Seven items in the combined Withdrawal/Apathy and [Lack of] Vigor (WAV) factors are compared with 14 items in the Dysphoria (DYS) factor. Although r = .462 between the two factors, endorsement levels for their items stand in stark contrast. From 24.8% to 58.6% of respondents endorsed WAV items in the depressed direction, whereas DYS items were endorsed by only 3.4% to 15.4% of the sample. In comparison, 14.4% score in the "depressed" range (>10 points) on the total GDS. WAV items appear to discriminate poorly between depressed and non depressed respondents. WAV score is also associated with age in this sample (r = .286) while DYS is not (r = .106), lending support to a "developmental" interpretation of WAV items. Results suggest that omission of some of these items may refine the measurement of depression in old age.

A LONGITUDINAL AND RETROSPECTIVE STUDY OF PTSD AMONG OLDER SURVIVORS OF REMOTE TRAUMA

C.L. Port, B. Engdahl, and P. Frazier, Department of Epidemiology & Preventive Medicine, University of Maryland School of Medicine, Baltimore, MD 21201

The effect of aging on posttraumatic stress symptoms is poorly understood, and several recent case studies suggest that PTSD may increase with age. This study examined longitudinal changes in posttraumatic stress disorder (PTSD) symptom levels and prevalence rates over 4 years among ex-prisoners of war (POWs) from WWII and Korea. In addition, symptom reports dating back to shortly after repatriation were examined for evidence of a) changing PTSD symptom levels and b) long-delayed PTSD onset. Longitudinal data were obtained from 177 community dwelling WWII and Korean POWs. Retrospective data were obtained from 244 community dwelling WWII POWs. Prevalence rates and symptom levels increased significantly over the 4-year measurement interval. Retrospective symptom reports indicated symptoms were highest shortly after repatriation, declined for several decades, and began to increase within the most recent two decades. Long-delayed onset of PTSD symptoms was rare. Data support a PTSD symptom pattern of immediate onset and gradual decline, followed by increasing PTSD symptom levels amongst older survivors of remote trauma.

THE EFFECTS OF SOCIAL RELATIONSHIPS ON MENTAL HEALTH AND VALUATION OF LIFE.

R. Parmar, L. Fiorenza, M.P. Lawton, C. Hoffman, M. Moss. c/o Temple CCC, Philadelphia Geriatric Center, 5301 Old York Rd., Phila., PA 19141.

Numerous studies have documented the effects of social interaction on mental health. The current research differs in that it investigates the impact of social interaction on Valuation of Life (VOL), a concept expressing attachment to life for reasons such as enjoyment, hope and meaningfulness, while controlling for mental health. Six hundred community residents age 70+ were surveyed to determine the joint relationship between social interaction, mental health and valuation of life. Social relationships were associated with all aspects of mental health. They were also related to VOL on a zero-order level. On a multivariate level, social variables were related to VOL, independently of demographic and health measures, as well as to Positive Affect and Depression (CESD). Differences between family and friends and between objective and subjective facets of social ties were observed. Discussion focuses on ways that social relationships can impact VOL, and thus can impact decisions about later life treatment and motivation to carry on. Supported by NIA RO1 AG11995.

KIN KEEPERS AND GOOD PROVIDERS: GENDER ROLE EFFECTS ON WELL-BEING AMONG AGE COHORTS

S.Miner Salari,& W. Zhang,Family & Consumer Studies, AEB 228, 225 South, 1400 East, University of Utah, Salt Lake City, UT 84112

Previous research reports that levels of happiness and distress differ for men and women over the life course, but little attention has focused on the predictors of well-being for each group. This paper addresses the likelihood that some of the gender and age differences in well-being are rooted in gender role socialization that varies by cohort history. We use two waves of the NSFH data to predict causes of depression, loneliness and global happiness for men and women in three cohorts of adults. Findings suggest that traditional gender role socialization is related to perceived well-being in different ways for young (25-39), middle (40-54), and later life (60+) cohorts of men and women. Older women's well being is related to kin roles and living arrangements. Older men's well-being is associated with wealth and assets, but is negatively influenced by family and friend contact. Younger men and women show less evidence of traditional gender roles shaping their well being. This result points to cohort differences in predictors of well-being, with traditional gender roles having a predicted lower influence in future generations of mid and later life persons. For all age cohorts and gender groups, those who experience functional limitations and worsening health have lower levels of well-being.

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RELIGIOSITY AS A FACTOR AFFECTING ADJUSTMENT OF MINORITY ELDERLY TO A NURSING HOME.

S. Sasson. The Jewish Home and Hospital, 100 W. Kingsbridge Road, Bronx, NY 10468.

This study examines the association between religiosity, adjustment and satisfaction of nursing home residents in one long-term care facility. A sample of convenience was used to conduct face-to-face interviews of 71 Jewish and 21 African American alert residents age 65 and older. Various scales were utilized to measure resident adjustment and satisfaction, religious identity, and level of involvement in religious activities. Additional information was compiled that provided a profile of the physical, mental and social functions of each resident. The findings revealed that residents who exhibit higher levels of religiosity were likely to show higher levels of adjustment and satisfaction with nursing home living. However, the results lost their significance after controlling for a variety of other characteristics. The findings suggest that the continuation of previous religious roles, activities and behavior of nursing home residents may prompt increased satisfaction and a more successful adjustment to the long-term care setting.

Teaching Spiritual Assessment To Nurse Practitioner Students: The Importance of the Mind/Body/Spirit Interconnection

Dr. Margie Maddox, CRNP, CS
Associate Professor of Nursing
McGurrin Hall #339
University of Scranton
Scranton, PA 18510

Although spiritual assessment is identified as an important part of the nurse practitioner (NP) curriculum, it often receives limited emphasis. Leethum's (1996) Older Adult Spiritual Wellness Protocol was used with NP students to develop an increased awareness of the mind/body/spirit interconnection in primary care. Future NPs increased their awareness of the importance of spirituality in treating every client holistically. If NPs are to be primary care providers, the interconnection of the mind/body/spirit is essential to providing high quality care.

IMPLICIT THEORIES OF SPIRITUALITY: ITS RELIGIOUS BOUNDARY AND CHARACTERISTICS

M. Takahashi, P. Acosta, G. Buttitta, C. Carr-Williams, S. Durczak, S. Gray-Abdai, S. M. Sullivan, Department of Gerontology, Northeastern Illinois University, Chicago, IL 60625-4699

The study examined a common sense understanding of spirituality and its conceptual boundary with religiosity. Twenty one older(M=74.3, SD=9.0) and 29 younger middle-aged adults (M=43.0, SD=8.7) with various ethnic and educational backgrounds were interviewed regarding their religious involvement and conceptualization of spirituality. The transcripts were then rated by two independent raters to determine the degree to which one's religiosity affects the implicit definitions of spirituality. The results suggest that one's religious involvement significantly influences how spirituality is understood. However, the content analysis also reveals, across age groups, several common themes underlying spirituality regardless of religiosity (e.g., Interpersonal Virtue, Transcendence). Further, the age differences are also found that older adults are more likely than the younger cohort to view religious education as a path to spirituality, identify religious professionals as spiritual people, and associate religious descriptors with the concept of spirituality. Based on these findings, the future research directions will also be discussed.

SENSE OF PLACE: CAN COMMON FAMILIAR SPACE BE CONVERTED INTO SPIRITUAL SPACE?

Daniel Hearn BS CPA; Kathy Egan, PhD; Brian Duke MHA
Institute on Aging, University of Pennsylvania, Philadelphia, PA 19104

In recent years, increasing attention is being given to the spiritual dimension of patients and its relationship to their well-being. This presentation examines how attendance and participation in religious services within long term care facilities contributes toward a sense of spiritual fulfillment among residents. Several different religious services take place regularly in the same defined area of a long-term care facility. Some long-term care facilities have a formally designated space; the situation being presented here is of alternate use of existing multipurpose space within the facility This descriptive study reviews the environmental factors, which contribute toward the conversion of a multipurpose space into spiritual space for various denominational services. The review includes a description of religious services conducted by three denominations and identifies elements, which contribute toward a sense of the spiritual. The study identifies the effectiveness of environmental changes (i.e. spiritual symbols, sacred objects, arrangement of furnishing, music, formality of service, officiator, etc, in creating a spiritual space. Observations of behavior of staff and residents in attendance prior to, during, and following a service are noted. This information is compared to noted behavior in the same spaces when used for other functions. Methods to gather information and data include: interviews with residents, and staff, observations of religious services and a review of attendance records and activity calendars. A summary of environmental changes for the conversion of multipurpose space to spiritual space is offered in conclusion, including perceived barriers and facilitators.

THE DIFFERENTIAL EFFECTS OF GENDER ORIENTATION AND MASCULINITY IDEOLOGY ON OLDER MEN'S RELIGIOUS INVOLVEMENT.

K. R. Remmes & E. H. Thompson, Holy Cross College, Worcester, MA, 01610

Previous work shows a significant relationship between religious involvement and gender orientation in samples of college-age and adult men (Francis & Wilcox, 1995; Thompson, 1991). Before entering later life, it seems as if men with a feminine outlook have greater religious involvement. No known study has examined the relationship between elder men's gender orientation, commitment to traditional masculinity norms, and their religious involvement. This study uses a large convenience sample of older men (x = 74.2) from three Massachusetts counties. Religious involvement was assessed using means, ends, and quest religious motivation and formal and informal religious participation. Regression analyses controlling for status variables and religious attitudes show masculine orientation (Bem Sex Role Inventory) is strongly correlated with questing. By comparison, elder men's endorsement of traditional masculinity norms (Male role Norm Scale) is associated with both their formal religious participation and self-assessed religiousness. Thus, it appears that in this sample, gender outlook and ideology are differentially related to their religious involvement. Endorsement of the cultural norms that prescribe patriarchy predicts participation in formal religious activity and definition of self as religious. Unlike studies of younger men, elders' feminine orientation was not a factor in their religious involvement. Instead masculinity orientation predicted questing. Elder men who define self in very masculine terms engaged in quest religiosity and existential questioning. Perhaps, their gender orientation and ideology support religious communities but act as barriers to private devotion and faithing.

RELIGION AND LIFE MEANING: HOW RELIGIOUS BELIEFS AND THE SOCIAL BONDS OF RELIGIOUS COMMUNITY IMPACT LIFE MEANING FOR ELDERLY WOMEN

S. Fletcher, Sociology, Cleveland State University, Cleveland, Ohio 44115

Religion is one of the major resources used to find meaning in life. An individual's religion involves not only a set of beliefs, but also involvement in a community of like-minded others. The purpose of this study is to investigate how social bonds and religious beliefs impact women in the final stages of life. Ten women, who resided at various assisted-living facilities, participated in qualitative interviews about the current and past meaning of religion in their lives. They were distributed among fundamental Christian, Catholic, liberal Protestant, and Jewish faiths. Differences were found between the groups. These differences were the result of social bonds of religion in addition to differences in theological beliefs. This raises the issue of the role of religious community for the reinforcement and/or altering of life meaning for the elderly.

A SPIRITUALITY/RELIGION NEEDS ASSESSMENT OF RESIDENTS IN A CONTINUOUS CARE RETIREMENT COMMUNITY

R. Frankel, Psychiatric Inst, Psychiatry Dept. University of Illinois at Chicago, 1601 W. Taylor, Chicago, IL 60612, M. Lynch, B.S., Social Work Intern, and K. Carlisle, LCSW, King-Bruwaert House, Burr Ridge, IL 60521

In response to concerns about meeting the spiritual needs of the residents of a continuous care retirement community, in the fall of 1999, residents were interviewed by the social worker regarding 1) the importance of spirituality and religion in their lives; 2) what spiritual supports in-house would be helpful to them; and 3) if the services of a chaplain were requested and provided, whether there was a preference for a male or female chaplain. Fifty-three residents (39 female, 14 male) ages 74-99 (58% Protestant, 35% Catholic, 7% nonaffiliated), who lived in a private facility located in a Chicago suburban community were interviewed. Seventy-four percent answered "important" to the question "What role does your faith play in your life?" In response to the spiritual support question, 68% answered "in-house worship attendance" and 58% answered "visits by a chaplain" would be helpful. When asked about their preference for a male or female chaplain, 74% (24% Catholic, 71% Protestant, 13 males and 26 females) responded "no preference." After the study, a chapel space and the services of a female interfaith chaplain were provided. It appears that assessment of the spiritual needs of continuous care retirement community residents is important in providing services for that population. BSS25

RELIGIOUS AND SPIRITUAL PROBLEM-SOLVING STRATEGIES: A QUALITATIVE ANALYSIS

H.B. Nelson-Becker, School of Social Work, Aurora University, 347 South Gladstone Ave, Aurora, IL 60506

A problem-solving model proposes that older adults have the means to deal proactively with both environmental and cognitive demands, but respond differentially to events. This study examined religious and spiritual problem solving strategies identified by 79 low-income urban community-dwelling seniors as significant in their search for solutions. In this available sample of African American and predominantly Jewish respondents, participants were asked to discuss three of their most difficult life events and the strategies they used to manage these events. Results indicate that 46% of respondents identify a difference between religious and spiritual behaviors, with African Americans endorsing application of these to a greater extent. Eighty-four percent of the sample engages religion; 76% engages spirituality. Qualitative results indicate that prayer, living a moral service-oriented life, and using scripture were most frequently cited religious behaviors; seeking answers within and maintaining good relations were most often cited as spiritual strategies. These responses build a more developed comprehension of forms in which religion and spirituality are applied in managing life challenge.

POSTCARDS TO GOD: AN INTERGENERATIONAL COMPARISON OF SPIRITUALITY, COMMUNICATION, AND ARTISTIC EXPRESSION

A. Cohen, S.B. Laditka, 4 Parkridge Court, Huntington, NY 11743; Center for Health and Aging, State University of New York at Utica/Rome, Utica, NY 13504

Using an intergenerational focus, we examine connections between spirituality, artistic expression, and communication, all of which require introspection and involve psychological readiness and physiological response. Our sample (n = 85) consists of children, adults of middle age, and disabled older adults residing in an assisted living center. Individuals participated in a workshop to create collage and message postcards to God. Participants also completed a survey. 86% of participants responded that a hand-made communication is different from one created with a computer, and 75% expressed a preference for hand-made communications; larger percentages of adults and older adults expressed these views. The majority in all age groups responded that creating art and crafting a postcard to God made them feel calm or satisfied. Themes of hopefulness, gratitude, and despair were represented in the postcards. A larger percentage of postcards created by middle age adults conveyed a message of despair. A large percentage of postcards created by older adults and children conveyed a message of gratitude. Most responded that creating art to communicate with God was a spiritually fulfilling experience. We discuss implications for using artistic expression to express spirituality.

SPIRITUALITY: AGE DIFFERENCES & SIMILARITIES.

S. L. Johnson, J.H. Patrick,
West Virginia University, Dept. of Psychology, POB 6040, Morgantown, WV 26506.

Estimates suggest that 90% of Americans hold some religious belief and that most perceive direct and indirect benefits of their faith. The purposes of the current study were to examine age differences and similarities in a variety of religious beliefs and actions and to examine the relations among religious beliefs, religious actions, personality and psychological well-being.

Data for these analyses are provided by 62 young adults (ages 18 to 25; M= 21) and 63 older adults (ages 65-91; M= 75). Older adults reported stronger beliefs ($t(123) = 5.7$, $p < .001$), more organizational participation ($t(121) = 4.3$, $p < .001$), perceived more social/personal benefits of religion ($t(115) = 3.2$, $p < .001$), and participated in more private religious behaviors (i.e. prayer, reading, media programming; $t(123) = 7.2$, $p < .001$). However, no age differences emerged in perceived spirituality or the content of private religious behaviors. Religious beliefs, organizational participation, perceived social/personal benefits, and private religious behaviors were not related to psychological well-being. However, significant correlations among measures of religiosity and measures of personality dispositions emerged, with stronger religious beliefs and activities correlating with lower levels of neuroticism, lower levels of openness to experience, higher levels of optimism, and lower levels of pessimism. Thus, given its relations to personality and well being, spirituality may best be defined as a personal resource or disposition.

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Title: To forgive is—amazing: Elders' narratives of forgiveness.

Author: Helen K. Black, Polisher Research Institute, Philadelphia PA 19141

Ten each elderly (70+) Jewish and Christian men and women (N=40) were qualitatively interviewed concerning their definitions of forgiveness. This paper explores (through 4 case studies): 1) the differences and similarities in how Jewish and Christian elders interpret forgiveness; 2) whether forgiveness is an important part of late life developmental work, and 3) the cultural, ethnic and religious components of forgiveness.

Four salient themes emerged in elders' narratives: 1) to forgive may be construed as weakness, i.e., forgiveness diminishes the forgiver's "power;" 2) forgiveness is a religious mandate that should be followed despite its difficulty; 3) forgiveness springs from the "surplus" of an elder's life, rather than from his/her "want," i.e., it is easier to forgive when content with one's own life and, 4) not forgiving hurts the self in emotional, physical and spiritual ways; forgiveness is therefore a means toward well-being.

A key finding is that the subject of forgiveness is a problematic topic for elders, perhaps because it presupposes that 1) the respondent did something "wrong" and needs to be forgiven or 2) a "wrong" was committed against the elder. Both admissions call into question issues of being a "good" person, which is significant to elders' esteem and identity.

THE IMMEASURABLE QUALITIES OF LIFE

E.O. Schuster, Gerontology Program, Eastern Michigan University, Ypsilanti, MI, 48197

A person's "quality of life" is typically determined by criteria that is based on engagement in external activities. Yet, late life is also a time of great inner activity, when the desire for solitude and contemplation is a reflection of the transformative process known as self-actualization. This paper will discuss the findings of a single case study that explored what may be termed, "the immeasurable qualities of life." In-depth interviews were conducted over a one year span with a 74 year old woman who is living a conscious and spiritual life. For the last forty years, she has led classes on self-awareness, meditation, and spiritual living in prisons and other locals. Interpretive analysis involved the application of works by Florida Scott-Maxwell, Ram Dass, Robert Atchley, Barbara Myerhoff, Thich Naht Hanh, Abraham Maslow and others. The findings indicate that the immeasurable qualities of spiritual activity and its role in late life growth and change, are as significant, if not more so, than the more commonly used measurable, external outcomes.

CREATING PLACES FOR SELF AND SOUL: ADAPTATION OF SPACE IN LONG-TERM CARE FACILITIES

S.A. Eisenhandler, Department of Sociology, University of Connecticut, Waterbury, CT 06710.

Qualitative analysis based upon participant observation of facilities and interviews with residents and staff from those same facilities, discloses patterns of adaptation to and use of interior space by residents. A central theme is that of understanding how meaning and social interaction combine to create places for self and soul that have a *time-lapse* existence. Despite an array of financial and legal concerns that rigidly structure and correspondingly limit and restrict dimensions of faith and its expression in long-term care settings, interior space is used by residents and staff in interesting and important ways to keep faith alive. Though long-term care is often defined as a place from which one only departs "horizontally," even here, serendipity, and sometimes design, provide temporally limited experiences of faith and hope. In this regard, it is not merely interaction that matters, but it is the ethos of the facility itself that allows the door to open or close on this kind of experience.

SPIRITUALITY IN LATE ADULTHOOD: WHAT IS IT?

S.J. Eggers, Department of Educational Psychology and Research, University of Memphis, Memphis, TN 38152

Psychological literature suggests that religion and spirituality increase in late adulthood. Yet, operational definitions of spirituality and religiosity remain inadequate for the concepts they are designed to measure. Few empirical studies exist to only study religiosity and spirituality in late adulthood. The purpose of his study was to determine the defining aspects of religiosity and spirituality using the Allport and Ross Intrinsic/Extrinsic Religiosity Scale, Ellison's Spiritual Well-Being Scale, and Neugarten's Life Satisfaction Instrument. A sample of 320 older adults, ages 65 and over answered questionnaires combining the items from the three instruments. Using a principal component factor analysis, the factor structure of the instruments was examined. Factor one consisted of intrinsic religious items and the purpose in life item from the Life Satisfaction Instrument. Factor two combined life satisfaction items from two instruments, and is defined as present and past satisfaction with life and hope for the future. The third factor is extrinsic religiosity, or the attendance and participation aspects of religion. The fourth factor is one of mood, tone in which current moods of sadness are expressed. The factors show that for many older adults Intrinsic religion contains an ultimate meaning component, that the participation aspects of religion are important, and that Existential components of spirituality are issues of life satisfaction which integrate the past, present, and positive outlook for the future.

THE FUNCTIONS OF PRAYER IN LATE LIFE: A CASE STUDY OF ELDER CATHOLIC SISTERS

S.P. Melia, Department of Sociology/Anthropology, Assumption College, Worcester, MA 01615

Data from in depth prayer interviews with twenty-six elder Catholic sisters (mean age 81.5) inform the research discussion on the nature and function of religious belief and practices in the older population. Prayer functions in several ways for the elder sisters: companionship and conversation with God that ease loneliness and provide connection; private devotion and public worship that produce both solitude and a sense of belonging; a means of coping with problems, losses, and death; and activity that produces a sense of stability as well as a source of growth and change. These data indicate that there is a dialectic interaction between public and private forms of worship among elders. The data highlight other dialectic tensions in religious expressions of elders: between solitude and belonging, and between continuity and change. These tensions are sources of energy and growth for the women; prayer serves them well in late life. These findings are interpreted using the claim of sociologist Emile Durkheim that religion functions as a unifying source of social integration and as an individual plausibility structure providing meaning and purpose

FUNCTIONAL HEALTH, MORTALITY AND RELIGION PRACTICE: RESULTS FROM SWILSO-O

D. Spini, J.-F.. Riand, S. Pin and C. Lalive d'Epinay
Center for interdisciplinary gerontology (CIG), University of Geneva, Switzerland: Geneva-Thônex 1226

The positive association between religion activity, health and survival in old age received recently considerable support in the U.S while The explanation of these results is still debated.

The present communication will contribute to this field of research in presenting results on these supposed associations from the perspective of the Swiss Interdisciplinary Longitudinal Study on Old-Old (SWILSO-O) after four waves (1994-1998). Subjects (N=340 at baseline) are drawn from a community-dwelling population interviewed on the basis of a standardized questionnaire.

Results of Swilso-o panel indicate on one side that there is indeed an effect of religion attendance on survival after 80 years old, with individuals who regularly attend church or pray surviving longer than non-attendant subjects. On the other side, results indicate, that contrarily to most North American research findings, practice of religion is associated at each wave to a poorer functional health. These results will be commented and possible psycho-social explanations for these effects will be developed.

MYTHS AT THE END OF LIFE.

A. Lenzer, School of Public Health, Univ. of Hawaii, Honolulu, HI 96822.

PARTICIPANTS:

A. Zir & K.L. Braun (Center on Aging, Univ. of Hawaii) Questionable Assumptions About a Good Death.

J.C. Hays & E.C. Clipp (Duke Univ. and VA Medical Centers, Durham, NC 27710) The Dying Caregiver: the Myth of Dependency.

D.S. Levinson (The Springbriar Institute, Baltimore, MD 21208) Mourning and Loss Revisited.

M. Bern-Klug, S. Forbes & C. Gessert (Center on Aging, Univ. of Kansas Medical Center, Kansas City, KS 66160-7117) The Grandest Myth of All: the Myth of a Visible Dying Process.

DISCUSSANT:

B. de Vries (San Francisco State Univ., San Francisco, CA 94132)

Myths--traditional stories or folk tales--surrounding death are found in all cultures. This symposium explores--and sometimes explodes--a number of such myths found in the U.S. It is widely believed, for example, that a "good death" is one which occurs at home. Yet a survey of

Honolulu residents challenges this and other popular assumptions. Another assumption is that the attention of dying patients is primarily focused on their own dependency. A study of Stage 1V breast cancer patients questions this view. Traditional grief theories suggest that "normal" mourning lasts one to two years. However, newer theoretical models and empirical research indicate that mourning may take much longer, and that there are significant gender differences in length of mourning. Finally, qualitative research with family members of demented nursing home residents indicates that many families do not see the declines in progressing dementia as part of a terminal process. Implications of these myths for education and practice are discussed.

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POLICY CHALLENGES POSED BY THE AGING OF THE BABY BOOM

R. Binstock, Case Western Reserve University, Cleveland, OH 44106.
PARTICIPANTS
E. Steuerle (Urban Institute, Washington, DC 20037) What Happens to the Economy if Close to One-Third of Adults Are Retired?
M. Moon (Urban Institute, Washington, DC 20037) What Kind of Medicare Will Baby Boomers Want?
J. Feder (Georgetown University, Washington, DC 20007) The Challenge of Long-Term Care
R. Binstock (Case Western Reserve University, Cleveland, OH 44106) The Politics of Reforming Policies for the Aging of the Baby Boom.
DISCUSSANT:
R. Hudson (Boston University, Boston, MA 02215)

The aging of the baby boom poses a number of policy challenges. Among them, this symposium addresses: the impact of projected retirement patterns on the macro-economy, Social Security, and the ability of society to fund programs for non-aged populations; the issues involved in maintaining a Medicare program that is financially viable, protects the most vulnerable elderly, and will be acceptable to future beneficiaries; and alternative governmental roles in meeting what will be a vastly increased demand for affordable, non means-tested, access to long-term care. It also explores the political feasibility of dealing with such challenges effectively through relatively near term policy actions, rather than attempting to do so in a possible crisis-like context several decades hence.

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AGING RESEARCH AND PUBLIC POLICY: LESSONS LEARNED FROM STATE INITIATIVES

L. Knatterud, MN Dept of Human Services, Aging Initiative, 444 Lafayette Rd., St. Paul, MN 55155
Participants:
J.E.Bader(Gerontology Program, California State University, Long Beach, CA 90840) CA BOOM:The Sound and the Flurry!
R.Chapin, J.Moore(School of Social Welfare, University of Kansas, Lawrence, KS 66045) Preparing for the Elder Boom in Kansas.
S.Kidani (Executive Office on Aging, Honolulu, HI 96813) Hawaii Summit: 2011 Project.
L.G.Knatterud (MN Dept of Human Services, St. Paul MN 55155) Assessing Minnesota's Readiness for 2030: A Report Card.
Discussants: D.Justice (invited--Administration on Aging, HHS, Washington, D.C. 20201); H.Freshley (MN Dept of Human Services, St. Paul, MN 55155)

The application of aging research is presumed to apply to programs specifically targeted to older people. However, with the "graying" of the population, the findings of research on aging--particularly in the areas of behavioral and social sciences, policy and practice--will increasingly apply to general public services and programs.

This symposium will present examples of initiatives in three states that are: 1) raising the awareness of the public and state policy makers of the demographic realities that lie ahead; 2) identifying relevant aging research findings and suggesting linkages between this research and broader public policies and programs, and 3) engaging appropriate state personnel in applying relevant research in their policies and programs.

While each state's experience is different, each participant will address five key issues in the application of "aging research" to general public policies and programs in their state. They are:

- How public attitudes toward the aging influence the "politics" of applying aging research.
- The role of academic/research institutions in completing research or suggesting research applications to states.
- Areas of public policy with *least* resistance to applying aging research to general public programs.
- Areas with *most* resistance to such applications.
- Lessons learned from these experiences that apply to other states, and major challenges and tasks ahead.

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LONG TERM CARE ASSESSMENT DATA: LINKING RESEARCH, STATE LTC POLICY AND PRACTICE.

J. Fralich, Edmund S. Muskie School of Public Service, University of Southern Maine, 96 Falmouth St., Portland, ME, 04104.

PARTICIPANTS:

C. Gianopoulos (Maine Bureau of Elder and Adult Services, Augusta, ME) Use of LTC Assessment Data to Inform State LTC Policy.

E. Bolda, K. Murray, S. Salley, (Edmund S. Muskie School of Public Service, Portland, ME, 04104) Analysis of Care Setting Moves in Maine.

B. Fries (Institute for Gerontology, University of Michigan, Ann Arbor, MI) and M. James (LTC Health Planning Division, Michigan Department of Community Health, 400 South Pine, Lansing, MI 48909) State-University Collaboration in Michigan: Linking Home and Community Based Care with Nursing Homes

M. Rantz (Sinclair School of Nursing, University of Missouri-Columbia, Columbia, MO 65211-4120) and Brenda Ardrey (Division on Aging, Missouri Department of Social Services, Jefferson City, MO 65102) State and University Partnership: Success for Improving Quality of Care in Missouri Nursing Homes and Community Options for Older Adults.

The more recent availability and use of LTC assessment data has improved the ability of researchers and policy makers to work collaboratively in the design and analysis of studies that inform public policy, improve the management of state LTC systems and allow for in-depth evaluation and research. In this symposium policy makers and researchers from the states of Maine, Michigan and Missouri will discuss their efforts to develop and link LTC assessment databases (MDS for nursing facilities, MDS-RCA for residential care and HCBS assessments) and the ways in which this data has been used to target and monitor policy initiatives, develop quality reports and respond to legislative inquiries.

The partnerships between the universities and the state agencies have provided opportunities for researchers to conduct applied analysis for states and for states to inform and shape the research and analytic questions. LTC assessment information is also being used to develop quality indicators and staffing analyses that are being provided as feedback to providers and in advanced practice nursing consultation. Assessment instruments have been developed and are being used in Home and Community Based Programs – thus providing opportunities to analyze the characteristics of people in different settings and to improve the coordination of LTC services and policies.

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BEYOND TUITION: STUDENTS' ROLES IN LINKING RESEARCH, POLICY, AND PRACTICE

J. Isgrigg, Portland State University, P.O. Box 751, Portland, OR 97205

ByungKwang Yoo, Johns Hopkins University, Baltimore, MD

PARTICIPANTS:

Keren Brown Wilson, (Assisted Living Concepts, Inc., Portland, OR) Influencing Policy and Practice.

Robyn Stone, (AAHSA Institute for the Future of Aging Services, Washington, D.C.) Identifying the Gaps in Research.

Nobuo Maeda, (University of Seigakuin, Tokyo, Japan) The Professor's Role.

Mauro Hernandez, (University of California, San Francisco) The View from the Classroom.

This symposium addresses the links students and their professors can construct in designing student research and educational programs to make new and significant contributions to policy and practice. Leaders in research and industry, who have successfully joined the links between research, policy and practice will offer valuable information: 1) on how students can design and use their research and skills to influence public policy and industry practices, 2) to identify where research is needed to fill the gaps in public policy and current practice, 3) on exploring the professor's role in mentoring the new generation of researchers, leaders, and practitioners, and 4) from the student's perspective, on making the connection between a student's academic life and the world of policy and practice.

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PUBLIC POLICY IMPACT OF AGING IN PLACE IN AGE-INTEGRATED MULTIFAMILY HOUSING.

Vera Prosper, New York State Office for the Aging, 2 ESP, Albany, NY 12223

The 2nd largest number of elderly people lives in age-integrated multifamily housing, but this living environment is not recognized as a major elderly housing choice. This study's purposes were to measure the extent of tenant aging in subsidized multifamily housing; describe this environment; and measure how well this housing environment supports viable aging in place, using a 5-subscale Environmental Supportiveness Rating Scale developed by the author. A unique subscale measured the site manager's role and attitude vis a vis aging in place. Data collected from 300 managers in NY State found that 25% of households are headed by elderly people and most stay until death. Managers perform an average of 10 caregiving tasks per month and are willing to assume these nontraditional tasks, but their evolving long term care role is not recognized or supported. Overall, developments' total supportiveness scores were low (median=31%). Despite this living environment's aging-related inadequacies, trends show that increasing numbers of frail elderly will

live in multifamily housing. In addition, costs of long term care and senior housing construction will escalate. With greater acknowledgement and attention, multifamily housing and site managers can be a cost-efficient addition to the long term care system.

ELDERLY DECISION-MAKING ABOUT REVERSE MORTGAGES

R. Leviton, 84 Sumner St., Newton, MA 02459

Reverse mortgages enable "house-rich, cash-poor" older homeowners to access their home equity without moving. Most research has centered on potential demand, potential for poverty reduction and hypothetical interest in reverse mortgages. This is the first qualitative study of elderly homeowners who actually took or considered reverse mortgages. Open-ended interviews were conducted of 29 homeowners and two relatives of other homeowners. Four homeowners had repaid their mortgages and moved to rental housing. All of the homeowners had received counseling about reverse mortgages and other options through the nonprofit Homeowner Options for Massachusetts Elders. Eleven reverse mortgage counselors were also interviewed. Findings showed that almost all homeowners used reverse mortgages as a "last resort" when they had exhausted their savings, needed home care or had no other way to repay debts. Homeowners sought financial relief, not lifestyle enhancement. They strongly desired to leave legacies and needed family encouragement to take reverse mortgages. Decision-making usually was a slow process, impeded by conflict with legacy motives and misconceptions about the loans. Counseling was important throughout the entire decision process, not just as a source of information at the beginning. Counselors often helped homeowners through other means than reverse mortgages. An important policy implication is the need for comprehensive counseling.

CLASSIFYING THE SUPPORTIVE SERVICE MANAGEMENT STYLES IN FLORIDA'S GOVERNMENT-SUBSIDIZED RENTAL HOUSING

S. M. Golant, Dept. of Geography, P.O. Box 117315, University of Florida, Gainesville, FL 32611

As high as 17% of the over 80,000 low-income seniors occupying government-subsidized rental housing in Florida have trouble taking care of themselves or their apartments. This study investigated the extent to which managements of these facilities adopted supportive service strategies to allow these elders to cope with their frailties without having to relocate. A representative sample of 205 on-site managers of Department of Housing and Urban Development (HUD) rent-subsidized developments located in Florida were administered structured mail surveys. Six indicators were constructed to classify their different facility management styles: aging in place philosophical disposition; the presence of service coordinator; the presence of service provider staff hired by facility; the existence of formal arrangements with outside service providers; the presence of special design features in apartments; and the presence of a tenant organization. At the extremes, just over 30% of HUD facilities offered strong supportive environments, while about 52% of the facilities offered little in the way of aging in place assistance. The findings revealed what opportunities exist for the introduction of different programmatic intervention strategies to assist frail elders in affordable housing to age in place. (Research funded by a grant to The CASERA PROJECT from the Retirement Research Foundation of Chicago.)

STATE HOUSING AGENCIES AS EXEMPLARS IN PROMOTING HOME MODIFICATIONS

P.S. Liebig, S. Sutro, Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191

With increasing devolution of federal programs, policymakers, practitioners and advocates are more attentive to state actions and particularly to "best practices" that can be emulated. The purpose of this study was to identify exemplary housing finance agencies (HFAs) and community development agencies (CDAs) in promoting the availability of and access to home modifications (HM) that enable elders to age in place. Based on a 74% response rate to a 1997-8 survey of all 99 housing agencies, criteria were developed for the selection of exemplars (e.g., funding levels and innovations, interagency collaborations, staff expertise, state HM policies); 19 agencies in 15 states were chosen. In-depth telephone interviews of 2-3 hours were conducted with 9 HFAs and 6 CDAs in 12 states; 4 declined to participate. Four agencies (MN, NJ, TX, UT) stood out, because of their ability to promote consumer and professional awareness and interagency actions, and to pool resources and connect them with users. Staff expertise and interaction with the disability community are key aspects of improved HM access. Aging advocates can further enhance this by educating housing agency staff and sustaining collaborations with disability groups.

FACTORS AFFECTING DISCHARGE TO A NURSING HOME FROM ASSISTED LIVING RESULTS FROM A NATIONAL STUDY

C.D. Phillips, C. Hawes, M.S. Rose, Myers Research Institute, Menorah Park Center for Senior Living, 27100 Cedar Rd, Beachwood, OH 44122

Some analysts have expressed great hopes that assisted living facilities (ALFs) can substitute for nursing home care. However, little is known about those individual-level and facility-level factors that affect residents' likelihood of being discharged from an ALF to a nursing facility. The present study used data from a nationally representative sample of over 1,500 ALF residents in 300 higher service ALFs to investigate this transition. Over 200 residents in study facilities left the ALF during the months between the baseline and follow-up surveys. Fifty-nine percent of those who left an ALF resided in a nursing home. Twenty-eight percent resided in another residential care facility. The overwhelming majority of those discharged from an ALF left because they needed more assistance than was available. Polytomous logistic regression models were estimated. Where a resident resided at follow-up was considered a function of both individual (e.g., functional and cognitive status) and facility characteristics (e.g., RN staffing, affiliation with a nursing home). These analyses indicate that both individual and facility factors had a significant impact on residents' living arrangements.

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COMMUNITY SUPPORTS FOR AGING ADULTS WITH LIFELONG DISABILITIES

E.F. Ansello, Virginia Center on Aging, VA Commonwealth Univ., Richmond, VA 23298-0229.

PARTICIPANTS:

D. Mughal (Dietetics Program, Gannon Univ., Erie, PA 16541) The Role of Nutrition in Health Promotion for Aging Adults with Lifelong Disabilities.

D.L. Davies (Research Foundation for Mental Hygiene, Albany, NY 12229) Housing and Living Supports: An Asset Management Challenge.

L. Simon-Rusinowitz, K.J. Mahoney, D.M. Shoop, S.M. Desmond, M.R. Squillace (U-MD Center on Aging, College Park, MD 20742) Preference for Cash and Counseling among Florida Adults with Developmental Disabilities: Telephone Survey Results.

DISCUSSANT:

M.P. Janicki (University of Illinois at Chicago)

Aging adults with lifelong disabilities often have concurrent disabilities and progressive conditions, and grow old amidst human service systems still largely unaccustomed to their needs, abilities, and wishes. This symposium features several key supports for growing older in community settings. Mughal assesses the increased nutritional risk these adults face with age because of their disabilities and syndrome specific morbidity. She details steps to prevent the deterioration of functional status. Davies applies from the business world the concept of asset management as a process to insure the adequacy of housing and living supports, recognizing that cohort heterogeneity is not lessened by lifelong disabilities. Simon-Rusinowitz and colleagues discuss the cash and counseling model for increasing consumer direction and controlling the costs of supportive services. They report survey results on interest in cash allowances and information services offered to adults with disabilities and their surrogate decision-makers, often caregiving families. Janicki appraises the extent and direction of community supports.

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GENDER DIFFERENCES IN CAREGIVER INVOLVEMENT AND WELL-BEING A HUMAN CAPITAL THEORY APPROACH

L. M. Chen, B. Zodikoff, Columbia University School of Social Work, 622 West 113th Street, New York, New York 10025

Using data from the 1996 AARP/National Alliance on Caregiving National Survey on Family Caregiving in the U.S. (N=1509), this study examines gender differences in caregiver involvement and well-being utilizing human capital theory as a theoretical framework. Human-capital related variables were hypothesized to differentially impact caregiver outcomes by gender. Separate simultaneous regression analyses were conducted to identify predictors of female and male caregiver involvement as operationalized by the following outcome variables: number of years providing care (model $R^2 = 51$, $p < 0001$ for female caregivers vs. model $R^2 = 47$, $p < 0001$ for male caregivers), number of hours per week providing assistance (model $R^2 = 50$, $p < 0001$ for females vs. model $R^2 = 53$, $p < 0001$ for males), and approximate out-of-pocket paid expenses per month (model $R^2 = 40$, $p < 0001$ for females vs. model $R^2 = 38$, $p < 0001$ for males). Regression analyses were also conducted to identify predictors of female and male caregiver well-being as measured by self-reported emotional strain (model $R^2 = 35$, $p < 0001$ for females vs. model $R^2 = 30$, $p < 0001$ for males). Results revealed significant differences in the predictors of caregiver involvement and caregiver well-being in comparing female (n=1040) and male (n=469) family caregivers. The findings support the hypothesis that gender-based differences in the distribution of human capital significantly impact caregiver involvement and well-being.

THE IMPACT OF VISION, HEARING AND DUAL SENSORY IMPAIRMENT ON RECEIVED INFORMAL SUPPORT

A. Horowitz, Y. Su, & M. Brennan, Lighthouse International 111 E. 59 St. NY, NY 10023.

There is increasing attention being given to the profound consequences of either a vision or hearing impairment. However, the special circumstances of dual impaired elders are rarely addressed. Further, given consistent findings regarding the possible association between vision loss (and to a lesser degree hearing loss) and functional disability, it is reasonable to hypothesize that sensory loss would also influence levels of informal support. This question was explored as part of a larger study on the impact of dual sensory impairment in various life domains, using data from the 1984 LSOA (n=5,012 adults age 70+). Binary logistic and binomial regression count models were used, as appropriate, with 3 dependent measures: living together for health reasons, and number of PADL and number of IADL tasks in which family provided help. Findings indicate that, after adjusting for sociodemographic and comorbid health variables, vision impairment, but not hearing impairment, predicted greater informal support on all measures. Having a dual impairment did not further increase the likelihood of receiving more support beyond that associated with a vision loss alone. Implications for rehabilitation and family support programs are discussed.

Funded by the AARP Andrus Foundation.

PERCEPTIONS OF MEMORY PROBLEMS, FUNCTION, AND DIAGNOSIS BETWEEN CAREGIVING DYADS.

W.J. Looman, D.M. Bass, P.A. Clark, C.A. McCarthy. The Benjamin Rose Inst., 850 Euclid Ave., Ste. 1100, Cleveland, OH 44114, S. Eckert, Alzheimer's Assoc., Cleveland Area Chapter.

The Cleveland Alzheimer's Managed Care Demonstration is a randomized control trial that evaluates the effects of integrating Alzheimer's Association services into managed health care. The demonstration includes 94 families where both a memory-impaired older adult who is a Kaiser Permanente patient and his/her primary informal caregiver completed structured interviews about memory problems and managed care. Baseline data from these dyads are used to examine the extent to which patients and caregivers agree about the severity of memory problems, functional impairment, and whether a formal diagnosis of dementia had been given. Also investigated are predictors of agreement between patients and caregivers. Bivariate results showed that for most memory and functional symptoms caregivers said their patients were significantly more impaired than patients reported about themselves. Caregivers also were more likely to say that patients received a dementia diagnosis. Multivariate results indicated less agreement between patients and caregivers in situations where caregivers reported patients to be more severely impaired. Less agreement also occurred when patients reported themselves to be less impaired. Lack of agreement also was predicted by greater dyadic relationship strain, caregivers' reports of more problematic behavioral symptoms, and patients feeling a lack of understanding about their memory problems. Findings suggest that informational/educational interventions may be important for building consensus between patients and caregivers.

THE RELATIONSHIP BETWEEN FAMILY CONDITIONS AND WORK-FAMILY CONFLICT FOR DUAL-EARNER COUPLES IN THE SANDWICHED GENERATION

Y.E. Huang, L.B. Hammer, & M.B. Neal. Department of Psychology (PSY), Portland State University, P.O. Box 751, Portland, OR 97207-0751.

Integrating previous theory and research, this study uses longitudinal data to test the effects of family conditions on work-family conflict (WFC) for dual-earner couples in the sandwiched generation. Two waves of mailed surveys were collected from both members of 234 couples. Multiple regression analyses were conducted separately for husbands and wives and were used to examine the hypothesized relationships.

The family conditions examined in this study included family support (spouse support with parent care, spouse support with child care), family role stressors (parent care stress; parenting stress; spousal stress), family involvement, and family characteristics (number of children; number of parents in need of care).

The results indicated: (a) contrary to expectations, for wives, none of the family conditions were significant predictors of WFC, and (b) compared to wives, the findings for husbands provide more support for the relationships between family conditions and WFC. Contributions, implications and limitations of the study are discussed. This research was funded by a grant from the Alfred P. Sloan Foundation.

APPLYING SELF-EFFICACY TO CAREGIVER EDUCATION: THE POWERFUL TOOLS FOR CAREGIVING PROGRAM.

L. Boise and L. Congleton, Legacy Health System, 1015 NW 22nd Avenue (H100), Portland, OR 97210; V. Schmall, Aging Concerns, Inc., West Linn, OR 97068

Research has shown that a person's confidence, or self-efficacy, in his or her ability to manage a difficult situation is a critical factor in mastering that situation and maintaining wellbeing. The *Powerful Tools for Caregiving* program uses a self-efficacy model in a 6-week education program for family caregivers. This program trains lay class leaders to teach caregivers effective ways to reduce stress; communicate with family, providers, and the patient; manage negative emotions; and make tough caregiving decisions. The program was evaluated using a pre- and post-class and 5-month followup protocol. Evaluation results from 108 class participants (51% spouse caregivers, 81% female, 69% caring for someone with Alzheimer's disease or dementia) found very positive ratings for the classes (average 8.83 on scale of 1 to 10). 96% of participants reported using the "tools" taught during the class and 99% reported reading some or all of the *Caregiver Helpbook* that is provided to class participants. Compared with pre-class data, significant improvements were reported in the post-class evaluation in participants' feelings of anger and guilt, their feelings about caregiving, and in their frequency of exercising. At 5-month followup, significant increases from pre-class data were reported in caregivers' feelings of competence as a caregiver and in their self-efficacy, and a continued increase in frequency of exercise. Also discussed will be current efforts to serve ethnically diverse communities in Oregon, including African-American, Latino, and Asian caregivers.

"When Mother Calls": Exploring Working Caregiver Needs

Kuo, T., Aronow, H., Grauman, J., and White, M.
Center for Healthy Aging. 1527 Fourth Street, Suite 200, Santa Monica, CA 90401

The number of adults facing multiple challenges between work and family caregiving is increasing. The time and stress involved in caregiving while working might affect employees' work productivity and quality of life. This paper examines the needs/concerns about caregiving among full-time workers in order to develop programs that can help improve caregiving situations. Employees from four large organizations were invited to participate in work-site focus groups (n=41) and surveys (n=47). Average age of subjects was 48 with dependent aged 71. Subjects reported taking 8 hours off work in previous 6 months to provide caregiving tasks for their loved ones. Results showed that caregiving needs/concerns were fourfold: resources and information about aging services, how to communicate to family members about aging issues, guidance for financial and housing options, and emotional support to balance family and work. In addition, preferences for learning about caregiving included educational classes at worksite, Internet, consultations with experts, and reading materials about aging services. A program that addressed the unique needs of working caregivers was developed and is currently being pilot tested in the four participating organizations.

STATE-FUNDED CAREGIVER SUPPORT PROGRAMS: RESEARCH RESULTS AND POLICY ISSUES

L.F. Feinberg, Family Caregiver Alliance, 690 Market St., San Francisco, CA 94104

Although caregiver support has become a salient public policy issue, information on state-supported programs for caregivers has been lacking. This 1999 survey aimed to learn more about state-funded caregiver support programs that serve families and informal caregivers of frail elders and persons with disabilities, and to identify best practices to serve as useful models for other states. Using the key informant method, data were collected from 33 state program administrators in 15 states by both written surveys and follow-up telephone interviews. Results show that a range of state agencies administer caregiver support programs and rely heavily on state funding. Only seven (21%) programs designate the family or informal caregivers as their primary client. A flexible service package, broad income eligibility, consumer direction and a range of respite options were frequently cited as key program elements. Five programs stood out as best practice models. Policy implications are discussed in light of the findings.

TWO NEW VERSIONS OF THE LUBBEN SOCIAL NETWORK SCALE: THE LSNS-A AND LSNS-R.

James E. Lubben, Departments of Social Welfare and Urban Planning, University of California- Los Angeles, Los Angeles CA 90095

It has been stated that measurement is essential to good geriatric practice. However, most settings restrict the length of instruments devoted to social assessment. A compromise has been to develop relatively short composite measures. This presentation describes two recent updates to the Lubben Social Network Scale (LSNS) that has been used in many gerontological studies over the past 10 year. Using data from two different samples of community dwelling elderly persons (N > 1200 and N > 400), new versions of the LSNS were developed. The LSNS-A, a 6-item scale, is suggested for research and practice settings desiring a screener for social isolation. The LSNS-R, an 18-item version, is more appropriate for researchers desiring greater clarity of the nature of social integration. Both updated versions are highly correlated with the older 10-item version of the LSNS. Reliability analyses on both also demonstrate a strong internal consistency for the two versions (alpha > .80). Factor analyses of the LSNS-A confirmed that it taps into two distinct dimensions of social support networks (family and friends neighbors) whereas a three-factor solution (family, friends and a separate neighbor factor) best describes the 18-item LSNS-R. Normative data, suggested cut-points, and additional suggestions on appropriate uses for all three versions of the LSNS are discussed.

CAREGIVER SUPPORT: TOP PRIORITY FOR POLICY MAKERS.

S. Blase, Rutgers Cooperative Extension of Cumberland County, 291 Morton Avenue,
ville, NJ 08332.

Caregiver support training is essential but difficult to provide. Usually caregiver training is focused on the care recipient and seldom on the caregiver's needs. Caring For You, Caring For Me, five session caregiver course reached 60 informal and formal caregivers. Discussion and group activities produced support training and elicited needs for financial support and training. Evaluation revealed the critical factors for caregivers are time, finances for caregiving expenses, and the impact caregiving places on family, employment and retirement income. Providing tax credits in addition to the income deduction for providing support to an elder parent would improve the caregivers situation. Greater emphasis on financing caregiver respite programs would benefit caregivers and encourage their participation in caregiver support training.

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GET READY! GET SET! RESEARCH AND POLICY QUESTIONS THAT MUST BE ASKED IN PREPARATION FOR 2010. GO!

Jeanne E. Bader, Gerontology, CSULB, 1250 Bellflower Blvd., Long Beach, CA 90840

Three years of data collection, including 300+ interviews, reveal an array of research, practice & policy questions that need to be answered now to prepare for the longevity & retirements of U.S. Baby Boomers – as well as for those with greatest risk & fewest options.

The size of the Boomer cohort alone requires answers to specific questions to do with their hopes, preferences, & expectations: worksite design, age-neutral performance evaluation; attitudes about volunteering, aging, illness & disability; & decision making & coping habits.

Boomers also exhibit cohort characteristics that raise questions such as how to use high & low technology to promote optimal wellbeing, productivity and meaningfulness in later life;

how to promote functional literacy, "numeracy," & wise consumption; how to ensure adequate transportation & minimize risk for those with sensory limitations; how to promote effective care, advocacy & self-help. Another important question is how systems can avoid becoming overwhelmed by Boomers' demands, to the peril of already frail elders. Another focuses on the adequacy of preparation for aging, beginning at the earliest ages & continuing through old age

DEVELOPMENT OF AN ASSESSMENT INSTRUMENT TO EVALUATE THE EFFECTS OF ENVIRONMENTAL INTERVENTIONS ON TOILET TRANSFER.

J. Sanford, T. Carrington, Rehab R&D Center, Atlanta VA Medical Center, Decatur, GA, 30033.

The lack of grab bars and other supportive environmental features can limit a frail older person's ability to get on and off a toilet independently. However, there is no existing instrument with which to assess the effects that these environmental interventions might have in facilitating toilet transfer of people with different transfer abilities. The objective of this pilot study was to develop an observer-based instrument to measure functional limitations with toilet transfer among older adults who use wheeled mobility devices, but who stand to transfer. Videotapes of a transfer protocol from a previous project were viewed in order to develop a list of potential problems an individual might experience during each phase of the transfer. Each problem was weighted for the severity of its overall impact on transfer ability in order to develop mobility subscores for each component phase of the transfer as well as an overall mobility score. The instrument will be validated in an upcoming project.

OUTCOMES FOLLOWING USE AND NONUSE OF A PERSONAL RESPONSE SYSTEM (PRS) BY COMMUNITY RESIDING ELDERS

R. E. Roush, T. A.Teasdale, M. L.Skender, J.R. Beck, Huffington Center on Aging, Baylor College of Medicine, 1 Baylor Plaza, Houston, TX 77030

We studied 296 persons ≥70 years of age who lived alone and who met inclusion criteria of being at risk of falls, cardiovascular or pulmonary events, or who had recent orthopedic surgery. Subjects were randomly assigned to one of three groups: a 12-month experimental group (PRS1) who had special telephone units provided by Lifeline Systems, Inc. installed in their homes vs. a 6-month experimental group (PRS2) vs. a control group that did not receive the devices. All subjects were called bimonthly for one year to collect functional status, selected psychometrics, and responses to the SF-36 and SF-12 questionnaires developed from the Medical Outcomes Study (Stewart and Ware, 1992). Preliminary analyses of the tracking phase of the study completed March 2000 revealed that users vs. non-users scored higher on the mental health scale. We will present final results of the other SF scales, frequency of sentinel events, plus self-reported experiences. The present study helps define indications for making an environmental prescription for PRS use.

HOW WELL DO VITAL EVENTS MONITOR POPULATION CHANGES AMONG THE ELDERLY: FLORIDA COUNTIES, 1980 AND 1990

W.J. Serow, Center for the Study of Population, The Florida State University, Tallahassee FL 32306

This paper reports on a series of experiments to determine whether using readily available data (deaths by age and race/ethnicity) for American counties produces useable intercensal estimates of the age and ethnic structure of the older population. The methods utilized here are the so-called "vital rates" method as introduced by Bogue (1950) and modified for wider use by Rives and Serow (1984) and the more general censal ratio method. Both methods make use of available estimates for population components (as well as counts of vital events) of larger areas which include those particular subareas which are the object of the estimation exercise. This paper uses as subareas the 67 counties of the state of Florida and uses the entire state as the larger or "parent" area. The paper compares the comparative accuracy of the two methods for the entire older (ages 65+) population as well as for the age and racial structure of the population. Discussion of accuracy is also presented by such characteristics of the population as relative size and growth rates.

MORTALITY FROM STROKE

D.L. Hoyert, Mortality Statistics Branch, National Center for Health Statistics, Room 820, 6525 Belcrest Road, Hyattsville, MD 20782

Stroke accounts for about seven percent of deaths reported annually by physicians, medical examiners, and coroners on death certificates. The purpose of this paper is to present mortality statistics including trend data and differentials by demographic characteristics. In addition, this paper will also discuss some major methodological changes being introduced in the National Vital Statistics System with 1999 data.

The trend mortality from stroke was of decline through 1992, increase from 1992 to 1995, and decrease after 1995. Risk of death varies by age, race, sex, and geography. The new classification system, particularly coding rules for deaths involving pneumonia, affect mortality statistics for strokes although the ranking of stroke as a leading cause remains stable. An even greater impact is the increase in the magnitude of age-adjusted death rates for stroke using the new standard population. This reflects that the new standard has an old age distribution than the current standard.

THE IMPACT OF VOLUNTEERING ON OLDER ADULT MENTORS AND TUTORS AND ON THE AT-RISK YOUTH THEY SERVE.

J. Bressler, Center for Intergenerational Learning, Temple University, Philadelphia, PA 19122.

Greater numbers of older adults are seeking ways to contribute their talents toward strengthening their communities. Intergenerational programs can provide a strategy for enhancing older adults' sense of personal fulfillment while meeting the needs of young people with serious social problems. From Fall 1999 through Spring 2000, 9 focus groups were held; 5 with volunteers and 4 with youth. Older adults mentor teen parents and tutor elementary school children with poor reading skills; they are mentors to youth at-risk for drug use, and surrogate grandparents to families with multiple risks. Volunteers ranged in age from 50 to 85. Preliminary results indicate that volunteers commonly express a desire to help their communities, satisfaction with the relationships they form with youth, improvements in their personal relationships beyond the program – particularly with young family members, strong belief that they are having a positive impact on youth, increased feelings of competence and self-confidence, and an appreciation for productive activity. Young people describe feeling bonds with mentors, greater trust of adults, better school performance, and improvements in targeted behaviors. Both groups describe decreased ageist attitudes toward the other generation.

GET READY! GET SET! RESEARCH AND POLICY QUESTIONS THAT MUST BE ASKED IN PREPARATION FOR 2030. GO!

Jeanne E. Bader, Gerontology, CSULB, 1250 Bellflower Blvd., Long Beach, CA 90840

Three years of data collection, including 300+ interviews, reveals an array of research, practice & policy questions that need to be answered in order to help Baby Boomers, their families, businesses, taxpayers, governments, & "providers" prepare for the time when all U.S. Boomers will be age 65 or older.

Research clusters will be presented focusing on such topics as "systems" availability, viability, appropriateness, staffing, quality, & cultural competence; intergenerational relations; home- & community-based services vs. supports; use of "complementary" therapies & "assistive devices"; living arrangements; accident prevention strategies & outcomes; medication & chronic illness management; social & cultural isolation & neglect; the dementias & mental health issues; strategies for thriving beyond age 100.

In addition to presenting an agenda for research, implications for public policy & for gerontology education also will be presented. A handout listing prioritized research, practice, & policy questions will be distributed.

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Aging With Grace

One (20 minute)/color videotape/1999
Produced by Northwest Media, Inc.

Several older adults talk with sensitivity and wisdom about how their perceptions of themselves and their roles have changed (or not changed) as they've grown older. Topics covered include: work and retirement, limitations, loss of independence, acceptance and serenity.

Contact: James Vanden Bosch
Terra Nova Films
9848 S. Winchester Ave.
Chicago, IL 60643
800.779.8491
FAX 773.881.3368
e-mail jvb@terranova.org

ONE HUNDRED YEARS TO LIVE

One (19 minute)/Color/1/2" VHS/
Videotape/2nd Version/1998
Produced by Edward Feil Productions
Cleveland, Ohio.
Naomi Feil 21987 Byron Road
Cleveland, Ohio 44122.

Intended for professional caregivers and gerontologists, this newsreel video documents the eruption of unresolved conflicts of an 80 year old daughter and her 100 year old mother. Both women are forced to move to a nursing home by relatives. We watch the 80 year old lash out and finally deteriorate. The 100 year old who has learned basic trust, rolls with the punches and survives to 105, oriented and verbal. Her daughter has become medicated and is non-verbal. The video documents the need to face developmental life struggles before we reach very old age.

THE GIFT OF TIME: RETIREMENT AND AGING THEORY

One (34 minute)/Color videotape/1998.
Produced by Age Wise Productions (Michael Faber) and distributed by Aquarius Productions.

This sensitive and informative video highlights four individuals in retirement, whose lives represent the activity and continuity theories of aging. William is a former business research executive, Rich is a retired secondary education teacher, Jim is a retired factory worker, and Priscilla is a former WWII Marine airplane mechanic. This video is appropriate for use in a variety of settings including colleges, universities and other educational settings, aging service provider agencies and organizations, as well as church and civic groups.

Contact: Michael A. Faber, Producer, c/o Older Learner Center, Grand Rapids Community College, 143 Bostwick NE, Grand Rapids, MI 49503, (616) 234-3483 or (616) 791-0486, e-mail mfaber@grcc.cc.mi.us

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EFFECT OF MUSCLE AND FAT ON FEMORAL SHAFT BONE DENSITY IN OLDER ADULTS

D.R. Taaffe, T Lang, T. Fuerst, J.A. Cauley, M.C. Nevitt, T.B. Harris, National Institute on Aging, 7201 Wisconsin Ave, Ste 3C-309, Bethesda, MD 20892.

The relationship of soft-tissue and bone mineral density (BMD) by dual X-ray absorptiometry (DXA) is confounded by use of areal density. To circumvent this problem, we examined the independent effects of muscle and fat on femoral shaft volumetric BMD in 423 women and 391 men aged 70-79 years participating in the Health, Aging, and Body Composition study. Subjects were community-dwelling and reported no difficulty walking ¼ mile or climbing stairs. Mid-femora BMD (mg/cm^3), muscle and fat areas were determined by computed tomography (GE CT-9800, 10 mm slice thickness), and whole body lean mass (LM) and fat mass (FM) by DXA (Hologic 4500A). In separate analyses stratified by gender and adjusted for age, race, height and estrogen use, thigh muscle area was a significant independent contributor to BMD in women (Stdß = 0.179, $p < 0.01$) as was LM (Stdß = 0.174, $p < 0.05$). After adding correction for body weight, the effect of thigh muscle area was reduced and not significant (Stdß = 0.116, $p = 0.12$). In contrast, neither muscle nor fat was related to BMD in men. These results suggest that thigh muscle area, and whole body LM, are a more important contributor to mid-femora BMD than fat mass, although the relationship is gender specific.

AGING ON A 90 MINUTE DAY

Donald L. Bliwise (1), H. Elliott Albers (2)
(1) Sleep Disorders Ctr, Emory Univ Med School
(2) Dept of Biology, GA State University
Atlanta, Georgia

The timing of the sleep/wake cycle in old age is partially determined not only by social and work obligations but also by biology. An inherent problem in assessment is that the biological clock not only drives sleep but sleep itself also resets the clock. The 90 minute day (30 mins scheduled sleep, 60 min scheduled wake) allows appreciation of the clock by redistributing sleep around the 24 hr day. In this study 48 healthy subjects (18-73, 19 M, 29 F) underwent 32 90-min cycles preceded by and followed by a nt of polysomnographically monitored sleep. Oral and tympanic temperatures were taken every 30 mins and served to index the clock; ratings of sleepiness were made at similar frequency. Results suggested that earlier habitual bedtimes correlated with age (rho= -.67, $p < .0001$) and age correlated with the nadir of the BT cycle (r= -.34, $p < .03$) as well as with the timing of the 30-min nap with the highest REM (r= -. 29, $p < .05$). These data imply that the 90-min day protocol may be sensitive to ascertain age-dependent changes in biologic rhythms in old age.

Support: AG-10643

OFFSPRING OF CENTENARIANS HAVE A FAVORABLE LIPID PROFILE.

M. Gabriely, I. Gabriely, Z. Dennett J.D. Sorkin N.Barzilai. Divisions of Geriatrics, Department of Medicine, AECOM, Bronx, NY. 10461

Since the major cause of nontraumatic death in the western world is considered to be due to cardiovascular disease, centenarians (subjects over 95 years of age) are believed to posses "atherosclerotic protective" factors that may be genetically inhereted. As part of the Longevity Genes Project at Albert Einstein College of Medicine, we studied the lipid profile in Ashkenazi Jewish proband (n=27, 98.4±10.4 yr.) and their offspring (n=33, 67.4±1.4 yr.). The Ashkenazi Jewish offspring's spouses which were not related to the centenarians or offspring were used as a control group (n=26, 68.4±1.2 yr.). The lipoprotein profile of the offspring was compared to the above control group and also to a larger control group from the NHANES III study (n=394, 60-69 yr.). Female offspring of centenarians had significant higher plasma levels of HDL-Cholesterol levels compared to controls (70.2±3.1 *vs.* 59.0±4.1 mg/dl, p=0.029). Male offspring of centenarians had higher plasma levels of HDL-Cholesterol (HDL-C) levels (56.2±7.1 *vs.* 44.3±3.4 mg/dl, p=0.130) and a significant lower LDL-Cholesterol (LDL-C) levels (95±6 *vs.* 127±8 mg/dl, p=0.009) compared to controls. Conclusion: Offspring of centenarians have a favorable lipid profile compared to controls. While this data supports the notion that a certain phenotypic lipid profile may be transmitted in families, it also suggests that a favorable lipid profile may play a role in longevity.

CLUSTERING OF EXCEPTIONAL LONGEVITY IN AN ISLAND POPULATION WITH EXOGAMOUS MATING.

P.T. Johnsen, Univ. of Pennsylvania, Philadelphia, PA 19104.

Clustering of unusual longevity has been noted in cohorts born in the late 19th Century on some small islands along the southwestern coast of Norway where assortative mating is common. Whereas the concept of hybrid vigor may help to explain such occurrences where endogamous (within-island) marriages have predominated over exogamous mating patterns for centuries, a different explanation may be required for island populations with a preponderance of in-marrying individuals from other islands or from the mainland. H. Bjørkvik (*Finnøy*, III, 292) has documented the case of four schoolmates from a single farm near Stavanger who lived past 90. The four (three men and a woman) were born in 1881 or 1882 in separate households on a farm that had been subdivided many times but whose population never exceeded 100. This paper focuses on the five-generation ancestries of these individuals, as reconstructed from genealogical records contained in histories of rural parishes of the *bygdebok* genre by Bjørkvik and others. The four pedigrees overlap substantially: i.e., two individuals were descended from a common set of great-grandparents; the other pair shared two additional sets of great-grandparents and their forebears. Nevertheless, none of the four had more than seven ancestors who were born on the island where they were born. Each had several (at least seven) ancestors who had lived into their 80s, and each had at least one (typically, a mother) who had lived past 90. The analysis focuses on the seemingly greater role played by maternal than paternal ancestors in the transmission of longevity to this cluster of nonagenarians, and alternative explanations are considered.

PROSPECTS OF APPLYING PETIDE BIOREGULATORS IN AGING

V.Kh. Khavinson, V.G. Morozov, St. Petersburg Institute of Bioregulation and Gerontology, 3, Dynamo Pr., 197110 St. Petersburg, Russia

Age-related involution in the host organs and tissues is known to be associated with decreased production of physiologically active peptide substances therein, which indicates the main role of peptides in regulating the mechanisms of aging. Effects of complex and synthetic peptide preparations isolated from the thymus (Thymalin, Vilon), epiphysis (Epithalamin, Epitalon), brain (Cortexin), prostate (Prostatilen) and retina (Retinalamin) on the indices of the immune, endocrine, antioxidation defense systems and metabolism have been dynamically studied in experiment and clinic. These preparations have been experimentally found to restore the tissue-specific protein syntheses in the corresponding organs and tissues and to increase their functions in aging and pathologic states, thus extending the animal life span. Clinical study of the peptide bioregulators have showed their normalizing influence on the immune, endocrine, antioxidation defense systems and metabolism in patients of various age groups, confirming their geroprotective effect. Thus, recovery or peptide bioregulation normalizes the tissue-specific protein synthesis, restores the functions of the organs and tissues and inhibits the processes of aging.

INSULIN RESISTANCE OF MUSCLE PROTEIN SYNTHESIS IN THE OLDER

E. Volpi, B. Mittendorfer, B.B. Rasmussen, R.R. Wolfe, Depts. of Internal Medicine and Surgery, University of Texas Medical Branch, Galveston, TX 77550.

Muscle mass declines with aging. Oral amino acids and glucose stimulate insulin secretion and have an interactive effect on muscle protein synthesis in young adults. In the elderly this combination is not beneficial compared to amino acids only. We hypothesized that in the elderly muscle protein synthesis is resistant to the anabolic action of insulin. We assessed the response of muscle protein metabolism to insulin in 6 young (29±5 yr) and 5 older (68±1) healthy volunteers. We measured muscle protein synthesis and breakdown ($nmol/min^{-1}\ 100ml^{-1}$) in the postabsorptive state and during local insulin infusion in the femoral artery using L[ring-$^{2}H_{5}$]phenylalanine, femoral artery and vein blood sampling and muscle biopsies. Insulin increased muscle protein synthesis in the young (40±8 to 59±8, $P<0.05$) but not in the elderly (66±13 to 58±17) ($P<0.05$ young vs. elderly). Muscle protein breakdown did not change in the young (56±9 to 52±6) but tended to decrease in the elderly (82±14 to 59±17, $P=0.055$). Muscle protein synthesis is not stimulated by insulin in the elderly. The lack of response of muscle proteins to insulin in the elderly may be responsible for the loss of muscle with age.

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THE MILESTONES AND FUTURE OF THE STUDY OF REPLICATIVE SENESCENCE.

J. Campisi. (Dept. of Cancer Biology, Lawrence Berkeley National Laboratory, Berkeley, CA 94720).

PARTICIPANTS:

S. Lowe (Cold Spring Harbor Laboratory). Apoptosis and Therapy.

G. M. Martin (Depts. of Pathology & Genetics, University of Washington). An Overview of the Evidence that the Replicative Potential of Mammalian Diploid Somatic Cells Decline as Functions of Donor Age.

O. Pereira-Smith (Huffington Center on Aging, Baylor College of Medicine). Genetic and Functional Analyses Exclude Mortality Factor 4 as a Keratinocyte Senescence Gene.

J. Smith (Huffington Center on Aging, Baylor College of Medicine). Cloning and Characterization of CRF, a Novel C1q-related Factor, Expressed in Areas of the Brain Involved in Motor Function.

W. Wright. (Dept. of Cell Biology & Neurosciences, University of Texas Southwestern Medical Center). Both Transcriptional and Postranscriptional Mechanisms Regulate Human Telomerase Template RNA Levels.

Several lines of evidence support the idea that the replicative senescence response (to telomere shortening, DNA damage, or inappropriate growth stimuli) in human somatic cells is a powerful tmor suppressive mechanism. Less solid is the link between replicative senscence and aging. This session will explore past milestones and future directions regarding research on the senescent phenotype, and its implications for aging and age-related pathology. Speakers will discuss the historic context in which replicative senscence has been viewed, and topics that will very likely dominate the field in the next century: whether, and to what extent, the senescent phenotype occurs in vivo, the genes and molecular mechanisms that control replicative senescence, and the relationship between cellular senescence and the aging of multicellular organisms.

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CHANGES IN OXIDATIVE STRESS AND ANTIOXIDANT CAPACITY OF BLOOD DURING HUMAN AGING

Andrew Demehin, Ranjeet Ajmani and Joseph M. Rifkind
National Institutes of Health, NIA/GRC/LCMB, 5600 Nathan Shock Drive, Baltimore, MD 21224 USA

Oxidative stress and the organisms ability to utilize antioxidants to minimize oxidative damage is thought to have a major impact on aging. For this study we have investigated both of oxidative stress and the antioxidant capacity of red cells and plasma in human subjects randomly selected from the Baltimore Longitudinal Study of Aging (33-98 years of age). Plasma was separated from a fasting blood sample and red cells were washed three times using PBS. In both plasma and red cells there was a significant increase with age in the measures of oxidative stress. Thus, in plasma an increase in isoprostane formed from the non-enzymatic peroxidation of arachidonic acid ($r=0.75; p<0.0001$) was found. In red cells oxidative stress was determined by increased interactions of hemoglobin with the membrane, which produced an increase in hemoglobin induced NBT reduction ($r=0.51; p<0.02$). For both plasma and red cells the increased oxidative stress was associated with an age dependent decrease in antioxidant capacity. While the total oxygen radical absorption capacity (ORAC) did not change significantly for our subjects, there was a significant decrease in the ORAC 95 ($r= -0.8; p<0.0001$) and ORAC 50 ($r= -0.56; p<0.03$), which measure the relatively rapid acting antioxidants. For the red cells we also observed an age dependent decrease in membrane antioxidant capacity, measured by an initial rapid NBT reduction ($r= -0.67; p<0.002$). The decreased antioxidant capacity in red cells during aging suggests that older subjects have greater difficulty in dealing with oxidative stress and that this decrement may contribute to the increased oxidative stress in circulating blood.

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STRESS, AGING AND LONGEVITY: EXPERIMENTAL DATA AND MODELS

A.I.Yashin, J.W. Cypser, T.E.Johnson, A.I. Michalski, S.I. Boyko and V.N. Novoseltcev, Max Planck Institute for Demographic Research, Doberaner Strasse 114, 18057, Rostock, Germany

To investigate the influence of stress on aging and longevity, the experiments with nematode worms *C.elegans* have been performed. In these experiments several groups of worms were sterilized and exposed to heat shock for zero, one, two, four six, eight, ten or twelve hours. The life span data for each group of worms have then been collected. In this paper we discuss the results of statistical analysis of these data. We show that survival curves corresponding to different durations of exposure to heat shock have three different patterns. The first one characterizes groups exposed to one and two hours of heat shock. The empirical survival functions for these groups are higher than that in the control group (not exposed to heat shock) for almost all ages (hermesis effect). The second pattern associated with six and more hours of heat shock demonstrates clear debilitative effect. The empirical survival functions for these groups are lower than that in the control group. The third pattern was observed for the group exposed to four hours of heat shock. The respective empirical survival function intersects the survival function observed in the control group. Statistical analysis of the data allows us to conclude that hypotheses about the presence of hormesis and debilitation effects cannot be rejected. To explain observed patterns of mortality and survival, we develop several mathematical and computer models based on recent findings in the biology and demography of aging. We show that concept of population heterogeneity in mortality as well as a hypothesis concerning individual ability to adapt may explain the observed survival and mortality patterns. (BS-10)

SKIN PENTOSIDINE AS A MEASUREMENT OF CHRONOLOGICAL AGE IN WILD BIRDS

R.C. Chaney Jr., M. Iqbal, H. Klandorf,
Division of Animal and Vet Science, West Virginia University, Morgantown, WV 26506

Birds have few reliable indicators of ageing. We are using a biomarker of ageing, pentosidine (Ps), a product of non-enzymatic glycation which accumulates in the tissues over the lifespan of an animal. The intent of this study was to determine if comparable change in Ps concentrations could be established in the skin of wild birds of known ages. Collagen was measured by a hydroxyproline spectrophotometric method and Ps was quantified using reverse phase HPLC. In agreement with results from mammalian studies, we determined that Ps is present in the skin of various species of wild birds and that its concentration increases linearly with age ($p<0.001$). Measurement of Ps in the skin of birds of unknown ages provided age estimates within the established lifespan of these species. Knowledge regarding the longevity of birds could provide information for species

survival programs and insight into the variations in longevity of an entire population. (Supported by Hatch – 379)

Adenosine A1-Receptor (A1R) and Heart Failure (HF)

B.Arosio,*S.Perlini, N.Gagliano, L.Fusaro, *G.Palladini, L. Parmeggiani, C.Vergani, A.U.Ferrari, G.Annoni.
Dept. Geriatrics IRCCS Ospedale Maggiore, Univ. Milan and Milan Bicocca Italy; *IRCCS San Matteo, Univ. Pavia, Italy.

Aging is associated with morpho-functional alterations in the heart with a major incidence of HF in the elderly. Myocardial Adenosine (Ado) is increased in compensated pressure overload hypertrophy (POH) as in aged heart, but decreased in HF. We aimed at investigating wether Ado antiadrenetrgic effects (A-E), mediated via A1R activation, exert cardioprotective actions in transition from POH to HF. Six weeks-old Sprague-Dawley rats were subjected to abdominal aortic banding (B;n:36) or sham operation (S;n:25). Rats with POH were defined as decompensated (POH-HF;n:14) or compensated (POH-NF; n:22) by M-Mode echocardiography and lung weight. Left ventricular systolic pressure (LVP, mmHg) and weight (LVw, mg/100g body weight) were also obtained. In isolated perfused hearts, Ado A-E were evaluated in terms of the inhibitory effects ($\log IC_{50}$) of a highly selective A1R agonist (2-Cl-N-cyclopentyl Ado, 10^{-9} to 10^{-5} M) on the contractile response to isoproterenol. mRNA level of A1R and ANP were also evaluated. Compared to S, B caused an increment in LVP (110 ±9, 158 ±15, 146 ±11 in S, POH-NF and POH-HF respectively; $p<0.05$). LVw and ANP expression increase significantly in B (LVw: 2.15 ±0.10, 3.15 ±0.22 and 3.44 ±0.28; $p<0.05$; ANP: 0.16 ±0.03, 0.72 ±0.19 and 1.02 ±0.15 respectively; $p<0.05$). Interestingly A1R mRNA expression was 165% higher in POH-NF than in S rats ($p<0.05$), but decreased in POH-HF ($p<0.05$ vs POH-NF). A1R sensitivity is reduced in B (-7.63 ±0.13, -7.36 ±0.14 and -7.11 ±0.14 respectively; $p<0.05$). These data suggest that Ado system exerts a cardioprotective mechanism in the cardiac adaptation to PO, and that it fails at the onset of LV failure.

LIFE EXPECTANCY, ANTAGONISTIC PLEIOTROPY, AND THE TESTIS OF DOGS AND MEN

D.J. Waters*, S. Shen*, C. Oteham*, D.M. Cooley*, L.T. Glickman†, *Department of Veterinary Clinical Sciences and †Veterinary Pathobiology, Purdue University, West Lafayette, IN 47907, USA

The disparity in life expectancy between men and women is a well recognized phenomenon in most countries of the world. In these populations, testicular hormones are responsible, in part, for an epidemic of benign and malignant diseases of the prostate. However, the male survival disadvantage cannot be attributed solely to prostatic disease-related mortality. The theory of antagonistic pleiotropy predicts certain genes that are beneficial early in life exert detrimental effects during the post-reproductive senescent period. We hypothesized that the testis, which is essential early in life for reproductive success, may diminish life expectancy through detrimental effects on cellular processes in essential organs, such as the brain. To test this hypothesis, we studied dogs to determine if castration reduces the extent of DNA damage within the brain. Eight, sexually-intact male beagle dogs 9 to10.5 years of age (62 to 69 years in human age equivalents) were randomly assigned to receive either no treatment or surgical castration. Six months later the extent of nuclear DNA damage was measured in brain tissue using the alkaline comet assay. Thirty-seven ± 18 percent of cells in the cerebral cortex of castrated dogs had extensively damaged DNA, compared with 83 ± 8 percent of cells in the control group ($p=0.0005$). These data provide the first evidence that the testis contributes to the accumulation of DNA damage within the aging mammalian brain. It is widely accepted that testicular androgens have undesirable effects late in life by stimulating the development of prostatic disease. However, our findings suggest that the aging brain, a previously unrecognized target, may also be vulnerable to the potentially adverse effects of the testis. The expanding arsenal of endocrine manipulations that antagonize the testis, initially developed for the treatment of prostate cancer, might also have the capacity to decelerate age-related degeneration within essential organs, such as the brain.

DEHYDROEPIANDROSTERONE (DHEA) ASSOCIATED TO LOW DENSITY LIPOPROTEINS DECREASES WITH AGING AND REDUCES THEIR INCREASED SUSCEPTIBILITY TO LIPID PEROXIDATION

A. Khalil, J.-P. Fortin, J.-G. Lehoux* and T. Fülöp
Inst. Univ. de Gériatr., Lab. de Biogérontol., *Dept de Biochimie, Fac. de Méd., Univ. de Sherbrooke, Qc, Canada

The incidence of atherosclerosis and its related diseases increase with aging. The aging process leads to an increased LDL and HDL susceptibility to oxidation. DHEA was shown to have antiatherogenic effects and this hormone is decreasing dramatically with aging. In the present study we were interested to determine the presence of DHEA/DHEAS in HDL and LDL with aging. Moreover, we studied the susceptibility of LDL to oxidation with age in the presence or absence of vitamin E or DHEA. Our results show that DHEA is integrative part of LDL and HDL and disappear to almost non-detectable levels with aging. DHEA incorporated in the LDL from elderly subjects increased their resistance to oxidation in a concentration dependent manner. Our results suggest that DHEA exerts an antioxidant effect on LDL, which could have antiatherogenic effects.

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UNDERSTANDING THE PATHWAY FROM DISEASE TO DISABILITY. FINDINGS FROM THE WOMEN'S HEALTH AND AGING STUDY

J.M. Guralnik, National Institute on Aging, Bethesda, MD, and L.P. Fried, Johns Hopkins University, Baltimore, MD

J.L. Balfour (National Institute on Aging, Bethesda, MD), S. Volpato, K. Frick, T. Glass, E. Simonsick, J.M. Guralnik. Neighborhood Socioeconomic Status and Mobility Disability in a Sample of Community-dwelling Older Women.

B.W.J.H. Penninx (Wake Forest University School of Medicine, Winston-Salem, NC), J.M. Guralnik, K. Bandeen-Roche, J.D. Kasper, E.M. Simonsick, L. Ferrucci, L.P. Fried. The Effect of Emotional Vitality on Physical Decline in Older Disabled Women.

S. Leveille (Hebrew Rehabilitation Center for Aged, Boston, MA), J. Guralnik. The Pathway from Widespread Pain to Disability: An Effect Independent of Functional Limitations.

H.E. Resnick (National Institute on Aging, Bethesda, MD), A.I. Vinik, A. Schwartz, S. Leveille, F.L. Brancati, J. Balfour and J.M. Guralnik. Peripheral Nerve Dysfunction and Lower Extremity Physical Function in Old Age.

T. Rantanen (WHO Ageing and Health, Geneva, Switzerland and University of Jyväskylä, Jyväskylä, Finland), J.M. Guralnik, L. Ferrucci, B.W.J.H. Penninx, S. Leveille, S. Sipilä, L.P. Fried

Coimpairments as Predictors of Severe Walking Disability in Older Women
DISCUSSANT:
W. Satariano (University of California at Berkeley)

Although there has been more than a decade of research examining the demographic characteristics, behavioral risk factors and specific chronic diseases that predict the onset of disability in older persons, there has been relatively little empirical work that has addressed the theoretical models proposed to describe the pathway from disease to disability. Ultimately, prevention of disability will depend not only on disease prevention but interventions on factors along this pathway in those who already have chronic disease. The Women's Health and Aging Study screened a representative population of women aged 65 years and older to recruit the one-third most disabled women living in the community. A comprehensive baseline interview and examination assessed a wide range of factors that measured different steps on the pathway described by Nagi and the Institute of Medicine, progressing from disease to impairment to functional limitation to disability. This symposium will take a new approach to evaluating this pathway by proposing that some characteristics of older persons lie directly on the pathway while others have a general, over-arching influences on how people progress through the pathway. This latter type of influence, represented here by neighborhood socioeconomic deprivation, emotional vitality, and widespread pain, may promote or inhibit transitions from one step of the pathway to the next and may also directly influence disability without working through the pathway. In contrast, factors that are more discrete, intrinsic parts of the pathway that will be considered here include peripheral nerve dysfunction, and strength and balance.

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IMPLEMENTING PALLIATIVE CARE IN NURSING HOMES.

N. E. Strumpf, University of Pennsylvania School of Nursing, Philadelphia, PA 19104-6096
PARTICIPANTS:
H. Tuch & N. Strumpf (Genesis ElderCare & University of Pa) Developing a Model of Palliative Care for Nursing Homes.
P. Parmelee, H. Tuch, E. Capezuti, et al. (Genesis ElderCare & University of PA) Identifying Palliative Care Recipients.
E. Capezuti, N. Strumpf, N. Henry, et al. (University of PA) Nursing Home Staff Attitudes of End-of-Life Care.
P. Parrish, N. Morrison, N. Strumpf (University of PA & GenesisElderCare) Faciliators and Barriers to Palliative Care in Nursing Homes.
DISCUSSANTS:
E. Mitty (New York University, Division of Nursing, NY, NY 10012)
E. Siegler (Weill Medical College, Cornell Medical Center, NY, NY 10021)

Dying in a nursing home often means unwanted interventions, uncoordinated care, and unnecessary suffering. As part of a national initiative sponsored by The Robert Wood Johnson Foundation to promote excellence in end-of-life care, we will present data from a project to improve palliative care (PC) in six nursing homes in MD. The homes range from 100-200 beds each; three are rural and three are urban, and all are part of a large elder care network. To date, 181 residents have been enrolled. The first paper outlines the components of a two part model, consisting of a) training and supporting staff in PC and b) developing a PC interdisciplinary team. Implementation of PC in nursing homes depends on accurate identification of residents needing such services; thus, the second paper compares three such approaches (clinical judgment, an ad hoc tool designed for the study, and a prototype MDS-based triggers). The remaining two papers report survey results of staff attitudes (N=297) at the onset of the study, and analyze experiences concerning the facilitators and barriers to the implementation of PC in nursing homes. Policy and practice implications for long-term care are discussed.

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Can we Improve the Bathing Experience for Persons with Dementia and their Caregivers? P.D. Sloane. Cecil G. Sheps Center for Health Services Research, University of North Carolina (UNC-CH), Chapel Hill, NC 27599 and Oregon Health Sciences University (OHSU), Portland, OR 97201.
PARTICIPANTS:
P.D. Sloane, B. Hoeffer, C.M. Mitchell, D. McKenzie, (UNC-CH and OHSU). Reducing Disruptive Behavior: Outcome Assessment of a Psychosocial Intervention During Bathing.
A.L. Barrick, P.D. Sloane, B. Hoeffer, J. Rader, C.M. Mitchell (UNC-CH and OHSU). Changing Caregiver Behavior: Outcomes of a Psychosocial Intervention During Bathing.
J. Rasin, B. Stewart, B. Hoeffer, C. Riedel-Leo, A. Spegman (OHSU and UNC-CH). Caregiver's Experience of Bathing Persons with Dementia: Bathing Intervention Study Outcomes.
K.A. Talerico, J. Rader, A.L. Barrick, V. Wirojratana (OHSU and UNC-CH). Individualizing Bathing Care in Persons with Dementia: A Case Study from an Intervention Trial.
DISCUSSANT:
C. Beck. University of Arkansas College of Nursing, Little Rock AK.

This symposium will present results of a randomized clinical trial of 1) an educational intervention with nursing assistant caregivers, and 2) an in-bed bathing alternative (the towel bath). Results of final analyses on the 73 residents (24 controls, 49 treatment) who completed the trial in 15 skilled nursing facilities (9 experimental, 6 control) will be presented. Subjects were primarily elderly (mean age 86) white (89%) females (82%); all were cognitively impaired (mean MMSE 1.8) and ADL impaired (Mean MDS ADL impairment score 19 (of a possible 28). The average Cohen-Mansfield Agitation Inventory Aggression Scale score was 2.43; the average total item score 2.21. Experimental and control subjects were comparable in all of the above characteristics. Data collection included videotaping baths before and after intervention periods, and questionnaires administered to nursing assistants.

Three outcome analyses will be presented, comparing intervention and control groups in agitation reduction, caregiver behaviors, and caregiver experiences during bathing. In addition, a case study will demonstrate study intervention procedures.

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HEART FAILURE IN THE ELDERLY

W.S. Aronow, Mount Sinai School of Medicine, New York, NY 10029

Participants:

J.L. Fleg (Gerontology Research Center, Baltimore, MD 21224) Epidemiology and Pathophysiology of Heart Failure in the Elderly

D.D. Tresch (Medical College of Wisconsin, Milwaukee, WI 53226) Signs and Symptoms of Heart Failure in the Elderly

W.S. Aronow (Mount Sinai School of Medicine, New York, NY 10029) Therapy of Heart Failure in the Elderly

Discussant:

W.S. Aronow (Mount Sinai School of Medicine, New York, NY 10029)

The most common causes of congestive heart failure (CHF) in the elderly are coronary artery disease, hypertension, valvular heart disease, and cardiomyopathies. Approximately 50% of elderly patients with CHF have normal left ventricular ejection fraction (LVEF). Elevated jugular venous pressure and a left ventricular third heart sound are the most sensitive and specific physical findings of CHF. Rales are heard over the lung bases posteriorly in 20% of patients with pulmonary vascular congestion on chest x-rays. Patients with abnormal LVEF should be treated with diuretics and angiotensin-converting enzyme (ACE) inhibitors. If myocardial infarction is present or CHF persists, beta blockers should be added. If CHF persists, digoxin, spironolactone, and, if necessary, isosorbide dinitrate plus hydralazine should be added. Calcium channel blockers should be avoided. Patients with normal LVEF should be treated with diuretics, ACE inhibitors, and beta blockers. If CHF persists, isosorbide dinitrate plus hydralazine or a calcium channel blocker should be added. Digoxin should be avoided.

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BUILDING COMMUNITIES THAT PROMOTE SUCCESSFUL AGING: THE EXPERIENCE CORPS MODEL FOR OLDER ADULTS.

L. Fried, Center on Aging and Health, Johns Hopkins Med Insts, 2024 E Monument St., Suite 2-600, Baltimore, MD 21205

PARTICIPANTS

L.P. Fried, M. Freedman, T. Endres, G. W. Rebok, M Carlson, T. Seeman, J. Tielsch, T. Glass, B. Wasik, K. Frick, N. Ialongo, S. Zeger (Center on Aging and Health, Baltimore) The Experience Corps: A Social Model for Health Promotion, Generativity and Decreasing Structural Lag for Older Adults. Design and Rationale.

G. W. Rebok, T. Seeman, J. Tielsch, S. Zeger, M. Carlson, T. Glass, B. Wasik, J. Hill, K. Frick, N. Ialongo, L. P. Fried (Johns Hopkins Med Insts, Baltimore) A Randomized, Controlled Trial of the Experience Corps Model: Design and Measurement Issues

M.C. Carlson, G.W. Rebok, L.P. Fried (Center on Aging and Health, Johns Hopkins Med Insts, Baltimore) Evaluating Cognitive Outcomes: Does Experience Corps Facilitate the Maintenance of Cognitive Function in Older Adults?

Y.L. Michael, T. Glass, L.P. Fried (Center on Aging and Health, Johns Hopkins Med Insts, Baltimore) Attitudes about Aging: Quantitative and Qualitative Approaches

K. D. Frick, L.P. Fried (Johns Hopkins Med Insts, Baltimore) The Political Economy of the Experience Corps

DISCUSSANTS

J. Rowe (President and CEO, Mt. Sinai NYU Health, New York, N.Y 10029)

J. Gruman (Center for Advancement of Health, Washington, D.C.)

Creating communities that support successful aging is of import to support the needs of individuals and their own efforts. There is a need, in particular, for social institutions that offer meaningful and productive roles for older adults on a large social scale, to permit older adults to remain engaged in society and contributing after retirement. Scientific data indicates that such engagement is beneficial to health and function and protects against mortality. Additional research indicates that remaining physically active, and perhaps cognitively engaged, are also important components of health promotion. We have hypothesized that new social roles for older adults, combining health promoting elements with productive, important roles, could be designed to help address unmet social needs. If such a program included presence of older adults at a critical mass locally and at a national scale, this could bring currently underused human capital to help resolve such needs. We have designed such a model, called the Experience Corps, which brings older adults to public elementary schools in a program designed both for high impact and health promotion. This symposium describes the Experience Corps program, the results of a national demonstration project and the pilot for a randomized trial, and its potential import in shifting health outcomes for older adults, perceptions of the roles and responsibilities with aging, and the cost-effectiveness and long-term sustainability of such approaches.

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Task-Oriented Exercise and Motor Function Following Hemiparetic Stroke in the Elderly. R.F. Macko Baltimore VA GRECC and University of Maryland, 22 South Greene St. Baltimore, MD 21201-1595

PARTICIPANTS

R.F. Macko (University of Maryland) Task-Oriented Exercise and Motor Function Following Stroke.

J. Whitall (University of Maryland) Bilateral Arm Training in Patients with Chronic hemiparetic Stroke.

G.V. Smith (University of Maryland) Mechanisms of Neuromuscular and Functional Improvement in Chronic hemiparetic Stroke

DISCUSSANTS

A.P. Goldberg & D. Hanley, University of Maryland & Johns Hopkins University

Stroke is the leading cause of disability in older Americans, and hemiparesis is the most common deficit persistently limiting functional independence. Upon completing conventional rehabilitation therapy, most patients become sedentary, without empiric recommendations for continued therapeutic exercise. Physical deconditioning and sarcopenia due to inactivity and aging then compound neurological disability, compromising the patients' capacity to meet the elevated energy demands of hemiparetic gait. Based on the model that forced-use training which engenders a repetitive motor task may optimize sensorimotor re-learning in the injured brain, we investigated the effects of treadmill aerobic exercise (AEX) and a novel program of bilateral arm training with rhythmic auditory cueing (BATRAC) on lower and upper extremity motor function in older chronic hemiparetic stroke patients. This symposium will review the conceptual models and evidence that (1) task-oriented treadmill AEX training improves fitness and lower extremity motor performance to enhance functional mobility in chronically disabled stroke patients, and (2) 6 weeks BATRAC (3 sessions/week x 20 min) that incorporates motor learning principles of repetition, bilateral transfer and sensory cueing durably improves laboratory and community-based measures of paretic upper extremity function. Mechanistic studies showed improved peak VO_2 , reduced energy cost of hemiparetic gait, increased paretic limb motor strength along with reduced spasticity. This suggests that AEX mediates peripheral as well as central neuromuscular adaptations. Thus, these interventions may provide an additional modality to routine rehabilitation care to optimize fitness, functional mobility, and motor control in the aging chronic hemiparetic stroke population.

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EFFECT OF BEREAVEMENT AND DEPRESSION ON RESPONSE TO TETANUS TOXOID IN THE ELDERLY.

N. A. Khin, E. Cannon-Spoor, B. Tang, L. Bauer, M. Geraci, K. Putnam, T. Sunderland, Geriatric Psychiatry Branch, NIMH, Bethesda, MD 20892.

In the U.S. approximately 800,000 older individuals become bereaved yearly. During the first year of spousal bereavement, some present with major depression and altered immune function. As part of a larger study examining the links among bereavement, depression and biology, we evaluated the response to tetanus toxoid (TT) as measured by a delayed type hypersensitivity skin test and change in tetanus antibody titer. Skin induration diameters were measured at 48 hours after intradermal injection of TT during baseline entry into the study (within 3 months of bereavement) and at 6 months. Pre and post-TT immunization antibody titers were also obtained. To date, we have begun analyzing the data on 32 subjects (21 bereaved, 5 depressed and 6 controls), age range 51-89. Baseline delayed type hypersensitivity skin tests revealed a significant difference in total skin diameter between the bereaved depressed and non-depressed ($p<0.0001$) subjects as well as between post-bereaved-depressed subjects and non-bereaved ($p=0.0005$) controls. We found a significant increase in skin test response between pre- and post-immunization status ($p<0.0001$) in the non-depressed bereaved group but no such change in the depressed group. Results of *in vivo* antibody response to TT are pending. While the number of subjects in this study is still relatively small, our preliminary data on skin test and antibody response will be important in establishing a possible predictive pattern of behavior and immunologic changes over the course of the bereavement process.

THE INCIDENCE AND PATTERNS OF ANXIETY AND DEPRESSION IN PATIENTS UNDERGOING CABG SURGERY

S.McCrone, E. Lenz, A. Tarzian, S. Perkins
University of Maryland School of Nursing

Although coronary artery bypass graft (CABG) surgery is usually successful in relieving angina, patients have reported increased feelings of anxiety and depression both pre- and postoperatively. The purpose of this longitudinal (pre to 12-week postoperative) study was to describe the incidence and patterns of anxiety and depression in older (≥ 60 years) patients recovering from elective CABG surgery and to determine if gender and age (younger < 70 years, older ≥ 70) were associated with recovery. A convenience sample of 31 patients (24 males, 7 females) was assessed pre (T1) and postoperatively at 2-3 days (T2), 2 (T3), 4 (T4), 8 (T5), and at 12 weeks (T6). State anxiety was highest at T1. Younger subjects experienced higher anxiety at all periods, reaching significance at T3 and T4. At T1, 26% of the sample was depressed with highest incidence, 52%, occurring at T2. Women had a higher, nonsignificant incidence of depression at all times. Younger subjects were more depressed at T2, T3, and T4. Four patterns of depression emerged: never or briefly depressed, developed, resolved, or remained depressed. These results suggest that women and younger patients are at higher risk for psychological distress. Early identification of depression and anxiety may lead to targeted psychosocial interventions that could improve recovery.

ANTIDEPRESSANT EARLY RESPONSE AND REMISSION WITH VENLAFAXINE (EFFEXOR®) AND FLUOXETINE (PROZAC®) IN GERIATRIC OUTPATIENTS

A.F. Schatzberg, M. Cantillon*, Department of Psychiatry, Stanford University School of Medicine, 401 Quarry Rd., Rm. 300, Stanford, CA 94305-5717, and *Global Medical Affairs, Wyeth-Ayerst Laboratories, Radnor, PA

This 8-wk, double-blind, placebo-controlled study evaluated the efficacy and tolerability of venlafaxine (V) [immediate release] and fluoxetine (F) in 300 geriatric outpatients with major depression. Efficacy data were available for 288 patients (93 V, 99 F, 96 placebo [P]). Patients received V 75 to 225 mg QD or F 20 to 60 mg QD. Response = a 50% decrease from baseline Hamilton Rating Scale for Depression (HAM-D) or Montgomery-Asberg Depression Rating Scale (MADRS) scores or a score of 1 or 2 on the CGI-Global Improvement (CGI-I) scale. Remission = a HAM-D total score of ≤8. Safety was assessed by monitoring AEs. Statistically significant differences were not seen at end point; they were noted, however, for response on the MADRS total and CGI-I scores, but not on the HAM-D. By wk 4, V was significantly ($P<0.05$) superior to F and P in reducing the HAM-D depressed mood item. By wk 6, MADRS response frequency was 55% (V), 36% (F), and 36% (P) ($P<0.05$ V vs P; $P<0.05$ V vs F. By wk 3, CGI-I response frequency was 50% (V), 41% (F), and 35% (P) ($P<0.05$ V vs P; $P<0.05$ V vs F. The superior efficacy of V over F or P increases in direct proportion to the baseline score. V produced a higher remission rate than F and P (42%, 29%, and 38%, respectively), a nonsignificant trend. AEs were modestly higher with V, but both V and F were well tolerated. Significant differences in overall effects were not seen at wk 8, but V showed increased response on CGI-I by wk 3, depressed mood and psychic anxiety by wk 4, and MADRS at wk 6. These data suggest V had a more rapid onset of action, with a significantly greater response than F as early as wk 3. No significant safety concerns were evident with either study drug.

RESPONSE AND REMISSION WITH VENLAFAXINE, SSRIs, OR PLACEBO IN SUBPOPULATIONS WITH MAJOR DEPRESSION

R. Entsuah, Global Clinical Biostatistics, Clinical Research and Development, Wyeth-Ayerst Laboratories, 145 King of Prussia Rd, Radnor, PA 19087

This study aimed to determine whether gender and age influence response and remission after treatment of major depression. In a multicenter, double-blind, placebo-controlled study, patients (n=2045) aged 18–80 years who met DSM-III-R or DSM-IV criteria for moderate to severe depression were randomized to receive venlafaxine; a selective serotonin reuptake inhibitor (SSRI) such as fluoxetine, paroxetine, or fluvoxamine; or placebo for 8 weeks. Depression was assessed using the Hamilton Rating Scale for Depression (HAM-D). Response equaled at least a 50% decrease in the baseline HAM-D 21-item score. Remission equaled a HAM-D 17-item score of 7 or less. Differences between venlafaxine, SSRIs, and placebo for gender and age subpopulations were determined using Fisher's exact test. In this pooled analysis, outcomes with each treatment were similar for all subpopulations. In both genders, venlafaxine and SSRI remission rates were superior to those of placebo at week 8 (all $P<0.05$); venlafaxine had a higher remission rate than SSRIs in these subpopulations. With venlafaxine, response was more rapid (week 2 vs placebo, $P<0.02$); by week 8, response rates were higher (61% to 79%) than with SSRIs (51% to 62%) [$P\leq0.01$]. These data suggest that depressed patients of both genders and ages respond similarly to available pharmacotherapies. Moreover, a more rapid response and remission are likely with venlafaxine.

A CONTROLLED STUDY OF TREATING MAJOR DEPRESSION IN PERSONS AGING WITH SPINAL CORD INJURY

Bryan Kemp, Jason Kahan, and Rodney Adkins
Rancho Los Amigos National Rehabilitation Center,
7601 E. Imperial Hwy, Downey, CA 90242.

PROBLEM: Until now there had been no controlled studies of the treatment of depression among persons aging with spinal cord injury (SCI) even though its prevalence is 30-35% and causes excess disability in persons with SCI.

METHODS: A treatment group of 27 persons and 17 controls were studied over six months. Treatment included antidepressant medicines and psychotherapy. The participants aged from 29 to 72, 80% were male; both paraplegia and tetraplegia were included. Outcome measures included a depression scale, life satisfaction scale and community activities scale.

RESULTS: An 18-month baseline period was included due to delays in funding before treatment began. No significant changes occurred in depression over the baseline period. With treatment, depression decreased dramatically ($p < .0001$), community activities increased ($p < .001$) and then life satisfaction improved ($p < .01$). Twenty-six of 27 persons improved with treatment. There was no change in depression in the no-treatment group of persons who had moved away. Improvement was unrelated to age.

CONCLUSION: Depression is a treatable disorder in persons aging with SCI and leads to other improvements.

PAIN, DEPRESSION, AND MASTERY IN A SAMPLE OF POST-STROKE ELDERLY

H. Asano, T. Morimoto, A. Schreiner
Kwansei Gakuin University, Department of Social Welfare, Uegahara 1 Bancho 1-55
Nishinomiya City, Hyogo Ken Japan 662-8501

The prevalence of depression in post-stroke patients has been estimated to be upwards of 35%. However, there has been little examination of post-stroke depression in Japan. The present study interviewed 100 patients(55.7% male,$\bar{x}$ age 70) at 7 sites in Japan using the GDS, Cornell Scale, and visual anaogue scales (VAS) for sadness and pain. Comparative data were also obtained on 100(48% male; $\bar{x}$ age 53) healthy controls. Scores on all depression scales were significantly higher in the stroke sample and indicative of depression(56%). Decreased Mastery (Pearlin & Schooler) significantly related to increased depression and pain. Pain was positively and significantly related to depression on the GDS & VAS. Physical functioning (Modified Barthel Index) did not relate to depression. No significant age or gender differences in depression were found. None of the stroke patients were currently receiving treatment for depression and only 16% were taking any pain medications.

ANTIDEPRESSANT DRUG USE IN OLDER ADULT PRIMARY CARE PATIENTS WITH DEPRESSION

J.E. Streim, J.J. Gallo, J. Coyne, I.R. Katz.
Departments of Psychiatry and Family Practice, University of Pennsylvania; and VISN 4 MIRECC, Philadelphia VA Medical Center, Philadelphia PA 19104.

The proportion of older adult primary care patients receiving antidepressant drug treatment has increased in recent years, but it is not known whether this reflects more effective care. The authors report the prevalence of antidepressant drug use in a sample of older primary care patients who screened positive for depression. During routine visits to the Penn Family Care clinic, 406 outpatients ≥55 years old were screened with the Center for Epidemiologic Studies-Depression scale (CES-D). 134/406 (33.0%) scored ≥ 16, the cutoff for clinically significant depression. 20/134 (14.9%) were currently taking antidepressant drugs; of these, 10% were combined with psychotherapy, 35% with anxiolytics, and 40% with sedative/hypnotics. Although more older patients take antidepressants, they may also receive combination treatments, and a significant proportion remain depressed despite treatment. This suggests that research policy should encourage studies of *effectiveness* of actual practice, beyond studies of treatment *efficacy*.

THE EVALUATION OF DEPRESSION IN ELDERLY MEN WITH PROSTATE CANCER.

A Bial, D Cox-Hayley, T Zimmerman, GWHougham,
University of Chicago Hospitals, 5841 S. Maryland Ave,
Chicago, IL 60637.

As the population ages, the incidence of men with prostate cancer continues to rise. Elderly prostate cancer patients (pts) with few other medical problems receive the majority of their care from oncologists, not geriatricians or other primary care physicians (PCP). Oncologists may not feel comfortable identifying and treating geriatric problems, especially psychiatric illnesses like depression. The goals of this project are to (1) identify elderly men with prostate cancer who may have a previously undiagnosed depression, and (2) correlate these findings to self-reported pain and the use of a geriatrician or other PCP. Methods: Male oncology clinic pts 65 years of age and older are asked questions concerning their medical diagnoses (including previous psychiatric history) and their level of pain over the past two weeks. Depression is assessed using the Geriatric Depression Scale. Pts who screen positive for depression are notified and encouraged to seek further evaluation from either their PCP or the University's geriatrics clinic. Preliminary Results: To date, 16 pts (mean age 74 yrs., 10 African-American, 6 Caucasian) have been screened. Only one had a positive screen for depression not recognized by his PCP or oncologist. The mean pain score was 3.2 on a visual analog scale of 0 to 10. Only 9 pts were under the care of a PCP besides their oncologist, and none were followed by a geriatrician. It appears that the prevalence of previously undiagnosed depression may be low among elderly prostate cancer pts and, further, both PCP's and oncologists (who may be functioning as PCP's) must specifically screen for its presence.

The Association between Secondary Pathology and Functional Disability among Demented Subjects

VS Thomas, Section of Geriatrics, Dept of Int Med. Univ of Nebraska Med Ctr, Omaha, NE 68198-5620

Dementia has been recognized as the strongest determinant for developing functional disability. But, as old age is associated with an increasing prevalence of many chronic conditions, the loss of functional ability may partly result from concomitant medical complications not caused by pathogenesis intrinsic to dementia. Using data on more than 300 demented subjects from the 1991 Canadian Study of Health and Aging, the objective of this report was to describe the patterns of association between functional disability and chronic conditions among people with dementia. Factors significantly associated with functional disability in bathing were a gait disorder, history of falls and current depression; factors in dressing were gait disorder, diabetes, cardiac symptoms, respiratory complaints and malignancies; in grooming, gait disorder, cardiac symptoms and malignancies; in toileting, gait disorder and cardiac symptoms; in urinary incontinence, gait disorder and respiratory complaints; and in stool incontinence, respiratory compliants. Understanding the associations between disability and concomitant illnesses can elucidate the relative contributions of various conditions to the burden of disability among demented people.

RECOGNITION OF DEPRESSION IN OLDER ADULTS SEEKING PRIMARY CARE

L.M. Kennedy-Malone, UNCG School of Nursing
P.O. Box 26172, Greensboro, NC 27402-6172.
M. B. Baker, Guilford Psychiatric Associates, 522
N. Elam Ave. Greensboro, NC 27403

Depression in the older adult often goes unrecognized, misdiagnosed, or masked by underlying somatic or cognitive deficits. Researchers concluded 20 ago that primary care settings are the main places for treatment of mental illness in the United States. Studies have shown that primary health care providers often do not recognize depression in older adults. The purpose of this descriptive study was to determine the percentage of agreement between patients' self report of depression and depressive symptoms using their Carrol's Brief Depression Scale (BCDS) score as a measurement, and primary care physicians' recognition of depression in 100 older adults who were seeking primary care. A medical record audit was done on the primary providers' documentation for evidence of depressive symptoms. Results indicated there was a 30% difference between the patient completed screening tool and the physicians' documentation of depressive symptoms. These findings support research that has shown that depression often goes unrecognized in primary care.

EPIDEMIOLOGY OF DEPRESSION IN OLDER ITALIANS

S. Maggi, L. Masiero, C. Destro, N. Minicuci, M. Benevento, G. Crepaldi Center on Aging-CNR, Via Giustiniani, 2, 35128 Padua, Italy

The rates of major depression are more common among middle-aged individuals than among the aged, but high rates of depressive symptoms have been found in the elderly and they increase with age. Moreover, depression at older age is associated to disability and to a greater use of health and social services. Risk factors include age, socio-economic status, health status, psychosocial functioning. A literature review reports that the prevalence rates of depressive symptoms in community dwelling individuals over 65 years of age range between 6% and 47% among men and between 10% and 54% among women. Using data from the ILSA we will discuss the rates and risk factors for depression in a cohort of 5,000 older Italians. Preliminary results show a significant higher prevalence and incidence rates in this cohort compared to other western countries and some data on differences in the risk profiles will be presented.

COMORBID CHRONIC PAIN AND DEPRESSION IN THE ELDERLY: A POORLY RECOGNIZED AND MANAGED MEDICAL/ PUBLIC HEALTH PROBLEM

J.M. Mossey & R.M. Gallagher, Schools of Public Health & Medicine, MCP Hahnemann University, 245 N 15th St, Phila, PA 19102

Pain and depression are often comorbid conditions, yet little is known regarding their joint prevalence or the characteristics of elderly individuals so afflicted. A 2 year study of 232 independently living residents at 25 Philadelphia retirement communities (CCRC), that included self reports of pain (McGill Pain Quest.) and depressive symptoms (Geriatric Depression Scale) obtained at 6 month intervals, defined chronic pain in terms of its severity, and associated activity limitations and chronic depression in terms of GDS scores >10. This paper is limited to the 161 elderly who completed all 5 interviews. Mean age was 80 (sd=5.9); 18% were male. Twenty elderly (12.1%) met criteria for comorbid, chronic severe pain and depression. While similar to others in terms of age, gender, education, and ethnicity, their scores on all health status, and social, psychological and physical functioning indices were significantly worse. As well, while CCRC residents had unlimited access to health services, those with chronic, severe pain/depression made over twice as many medical, nursing, and hospital visits as those with neither limiting pain or depressive symptoms. Despite this, their pain and depression, both amenable to treatment or management remained unresolved. Compounding this problem, an additional 19.% of the sample reported less severe, chronic pain and depression. Their health, however, was similarly compromised. We discuss the implications of these findings for medical and public health practice focused on the elderly.

CLINICALLY RELEVENT ENDPOINTS OF ANTIDEMENTIA THERAPIES DETERMINED BY FOCUS GROUPS.

PD St. John, T O'Regan, C Baltus, N Cristall, Section of Geriatrics, University of Manitoba.

Medications available for the treatment have a statistically significant, but small effect. In order to investigate the importance of small changes in cognition, and to determine the clinically relevant endpoints of clinical trials, we conducted six focus groups. The focus groups consisted of five to eight caregivers of clients attending geriatric day-hospitals in Winnipeg, Manitoba. In general, cognition is highly valued, and small differences in cognition are clinically important. However, there is a great deal of inter-individual variability. Cognitive function was considered to be especially important early in the disease. Behavioral and functional status endpoints became more important later in the disease. Most participants felt that there was a point at which dementia became so severe that slowing the progression was not important. Future studies into clinical significant differences will need very large numbers of participants, and should stratify on severity of dementia.

ASSESSMENT OF ACUTE CONFUSION BY NURSING STAFF IN LONG-TERM CARE.

PZ Cacchione, K. Cuvar. St. Louis University School of Nursing, St. Louis, MO 63104

Acute confusion (AC) is a serious problem for long-term care (LTC) residents. AC in LTC is associated with increased mortality (30-40%) & functional decline. Timely detection is a cornerstone to the management of AC. LTC nursing staff are ill equipped to detect AC. To aid the nursing staff in detecting AC in LTC residents, 3 acute confusion nursing instruments, the Clinical Assessment of Confusion-B (CAC-B), the NEECHAM Confusion Scale (NEECHAM) & the Visual Analog Scale for Acute Confusion (VAS-AC) was tested for use by different levels of nursing staff in a 120 bed LTC setting. Five RNs, 10 LPNs, 5 certified medication technicians (CMTs) & 10 certified nursing assistants (CNAs) consented to complete the instruments on a selected resident & rate the instruments on ease of administration & choice of instrument for use. Simultaneously, the investigator assessed each selected resident with the instruments, the MMSE & DSM IV criteria for delirium. Internal consistency of the CAC-B & the NEECHAM was 0.91 & 0.75 respectively. Inter-rater reliability with the investigator was poor: ranging from 0.44 to 0.60. The NEECHAM performed best on criterion validity. All levels of nursing staff rated the CAC-B as too long. Nursing staff were neutral on the length of the NEECHAM. The NEECHAM was preferred by RNs, LPNs & CMTs. The VAS-AC was preferred by the CNAs. Based on these results the investigator would recommend: (1) training the nursing staff to use the VAS-AC & the NEECHAM. (2) VAS-AC completed daily by the CNAs with positive scores triggering an evaluation by the RN or LPN using the NEECHAM.

NONCOGNITIVE SYMPTOMS IN AUTOPSY CONFIRMED PURE AD AND AD WITH LEWY BODIES

P.K. Ogrocki, T. Fritsch, D.S. Geldmacher, & M.B. Patterson, University Alzheimer Center, CWRU, Cleveland, OH.

The clinical presentation of Alzheimer's disease (AD) is heterogeneous. Dementia with Lewy bodies (LBD) overlaps in clinicopathologic features with AD and sometimes represents a variant of AD. Prospective clinical differentiation of pure AD and AD with LBD remains elusive, though psychosis is a common criterion. Noncognitive symptoms assessed using the CERAD Behavior Rating Scale for Dementia (BRSD) were compared in autopsy confirmed pure AD (n=46) and AD with LBD (n=10). Group differences were examined using ANCOVA to control for demographic and disease characteristics. AD patients with LBD exhibited a greater degree of psychotic symptoms than pure AD ($M=5.0\pm5.3$, $M=1.6\pm3.9$, respectively, $p=.01$), and also had a greater degree of inertia/apathy ($M=2.2\pm1.0$, $M=1.0\pm.9$, respectively, $p=.002$). These clinicopathologic findings support the use of noncognitive symptoms as diagnostic criteria in the clinical differentiation between pure AD and LBD. Group differences in apathy support the frontal-subcortical dementia profile of LBD.

COUNSELING SERVICES AND PREVENTION

S. Hensse, M. Ruhnau-Wullenweber, E. Steinhagen-Thiessen
Forschungsgruppe Geriatrie. Virchow Klinikum
Medizinische Fakultät der Humboldt Universität Berlin,
Evangelisches Geriatriezentrum Berlin gGmbH (EGZB)
Reinickendorfer Str. 61, 13347 Berlin GERMANY

The counseling and coordinating services of the protestant geriatric center in Berlin, the Evangelisches Geriatrizentrum Berlin gGmbH (EGZB), have been available to the residents of Berlin since February 1994 and are geared towards the elderly, interested friends and relatives, care-takers of impaired or frail elderly, and geriatric professionals. One of the major goals of this counseling center is prevention: preventing inadequate and inappropriate placement of (impaired) elderly in nursing homes, preventing unnecessary hospitalizations and frequent rehospitalizations, preventing burned-out syndromes and the development of crisis situations that can lead to unintentional violence in home-nursing, etc. Our role in primary prevention targets on providing healthcare information, focusing on physical as well as psychological and social health. Our secondary prevention is geared towards the needs encountered as a result of impairments or disabilities following an acute illness or due to chronic conditions. Since elderly persons and their relatives often seek help from family physicians and other health care professionals, we also focus on providing professionals with necessary information.

The evaluations of questionnaires from over twelve hundred counseling cases in regards to initiating situations that led to taking up contact with the counseling center, types of information and support requested and outcomes confirm that adequate information and support in dealing with existing or anticipated problems are imperative to prevention.

The impact of burden and depression on dementia caregivers ratings of their overall quality of life.

J. Karlawish, D. Casarett, B. James, J. Klocinski, C. Clark. U of Pennsylvania, 3615 Chestnut Street, Philadelphia, PA 19104.

To identify the caregiving and health factors associated with how primary caregivers (CGs) of dementia patients rate their overall quality of life (QOL) we performed a cross-sectional survey of primary caregivers of community dwelling patients with Alzheimer's disease and frontotemporal dementia during their semi-annual visit to an Alzheimer's Disease Center. Data was collected from 68 CGs (47 AD CGs and 21 FD CGs). Overall QOL was "poor" 3% (n=2), "fair" 20% (n=14), "good" 47% (n=32), "very good" 19% (n=13), and "excellent" 10% (n=7). Ordinal logistic regression was used to examine bivariate associations between QOL and dementia severity, CG demographics and the caregiver health, burden and depression. CGs' age, gender, education, diagnosis (AD or FD), and the need to help the patient with BADLs were not associated ($p<0.2$) with self ratings of QOL. The following were considered as possible predictors of lower ratings of QOL: being an adult child ($z=1.36$, $p=0.18$), having to assist with patient IADLs ($z=1.56$, $p=0.12$), increasing dementia severity by clinical dementia rating ($z=2.34$, $p=0.02$), poor self-rating of overall health ($z=5.49$, $p=0.00$), increasing CG burden ($z=4.14$, $p=0.00$) and depression ($z=3.86$, $p=0.00$). A multivariable model showed depression, burden and self-rating of overall health were independent predictors of CGs' self-ratings of QOL. These data suggest that a low self-rating of QOL may be a useful marker of a CG's problems with health, depression and burden; and that patient and CG directed interventions to reduce the factors that precipitate these problems may have a direct impact upon CG well-being

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OBESITY AND QUALITY OF LIFE IN MIDDLE AND OLDER AGE: FINDINGS FROM TWO NATIONAL STUDIES. N.H. Fultz, Institute for Social Research, University of Michigan, P.O. Box 1248, Ann Arbor, MI 48106-1248.

CO-CHAIRS:

A.R. Herzog (University of Michigan, Ann Arbor, MI 48106-1248) & R.B. Wallace (University of Iowa, Iowa City, IA 52242).

PARTICIPANTS:

E. Lehmann & R.B. Wallace (University of Iowa, Iowa City, IA 52242) Spouse Concordance of Body Mass and Depressive Symptoms.

S.J. Fonda, N.H. Fultz, L.M. Wheeler, & L.A. Wray (University of Michigan, Ann Arbor, MI 48106-1248) Employment Outcomes of Overweight and Obesity Among Middle-aged Adults.

R.B. Wallace & S. Nichols (University of Iowa, Iowa City, IA 52242) Preventive Behaviors and Obesity Among America's Oldest Old: The AHEAD Study.

L.A. Wray, C.S. Blaum, A.R. Herzog, & M.B. Ofstedal (University of Michigan, Ann Arbor, MI 48106-1248) The Link Between Diabetes Diagnosis and Subsequent Weight Loss in Middle-aged Adults.

C.S. Blaum, A.R. Herzog, & L.A. Wray (University of Michigan, Ann Arbor, MI 48109) Obesity and Weight Loss in Older Adults with Diabetes.

DISCUSSANT:

K.M. Flegal (NCHS, Centers for Disease Control and Prevention, Hyattsville, MD 20782)

The increasing prevalence of overweight and obesity has raised concerns among public health professionals. Higher body weight has been linked to morbidity from hypertension, diabetes, stroke, respiratory problems, and some cancers. Less established are other possible consequences of overweight and obesity, such as decreased psychological well-being and/or lower SES. Further, little is known about the factors that predispose adults to lose weight or to take other health-related actions, and about the implications of spouse's weight on relevant behaviors and outcomes. This session will investigate relationships between body mass and several aspects of quality of life; the focus will be on economic, emotional, and behavioral correlates, although comorbidity and functional impairment will be considered as mediating or confounding factors. Findings come from two nationally representative panel studies. The Health and Retirement Study (HRS) includes data on 9,824 people ages 51-61 in 1992. The Survey of Asset and Health Dynamics Among the Oldest Old (AHEAD) contains data on 8,222 people 70 years of age and older in 1993.

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DEATH ON THE WORLD WIDE WEB

B. de Vries, Gerontology Program, San Francisco State University, 1600 Holloway Ave., HSS 242, San Francisco, CA 94132

Participants:

J. Rutherford and B. de Vries (San Francisco State University, CA) Memorializing Loved Ones on the World Wide Web

J. Blando (San Francisco State University, CA) AIDS-Bereavement and the World Wide Web

P. Roberts (California State University, Long Beach, CA) "I had to talk to someone:" Bereavement and Cyberspace Community.

Discussant:

M. Moss (Philadelphia Geriatric Center, Philadelphia, PA)

The mass migration into the conceptual information sphere known as cyberspace has dramatically altered the daily lives and social landscape for men and women of all ages; so, too, has it provided new opportunities for postdeath rituals. This symposium brings together members from the Death, Dying, Widowhood and Bereavement Informal Interest Group of GSA, researchers who are exploring the role of communication technologies, and the World Wide Web (WWW) in particular, in the course and nature of bereavement reactions and social support. Rutherford and de Vries describe the relationship of Web authors to those who are memorialized and the content typical in such memorials; intergenerational relationships predominate and ongoing connections are common. Blando addresses a similar issue applied exclusively to memorials for those who have died from AIDS revealing differences in the memorials written by parents, lovers, and friends, the latter two typically identified as disenfranchised grievers. Roberts presents data from three studies and explores aspects of community as experienced by the bereaved who have created and visited web memorials, further revealing ongoing connections with the deceased and both the tangible and virtual support received from other bereft in the process. Moss's discussion explores the implications of these reports to the study of grief and bereavement.

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CONFIDENTIALITY IN LONG TERM CARE

J. Colletti. Chapman Senior Care, 1403 Pemberton Rd. Ste 104, Richmond, VA 23233

PARTICIPANTS:

J. Casciani. SPS, 8322 Clairemont Mesa Blvd. Ste 203 San Diego CA 92111-1317

M.Duffy. Psychology Dept. MS 4235; Texas A&M University College Station, TX 77843

Margaret Norris. Psychology Dept. MS 4235; Texas A&M University College Station, TX 77843

DISCUSSANT:

M.Zehr. Research Medical Center, 2316 E. Meyer Blvd. Kansas City, MO 64132

The psychologist working in a long term care setting, whether as an employee of the institution or in a consultant role, will invariably confront situations in which family members or agency staff, in their interactions with a resident demonstrating mild cognitive impairment, take actions which effectively preclude the resident's right to make decisions regarding legal and healthcare matters. These actions may constitute unnecessary and unwanted restrictions of individual autonomy which will have concomitant effects on the therapeutic relationship. Family members or caregivers working under the assumption that even mild cognitive deficits constitute a legitimate basis for limiting confidentiality can have a serious negative impact on the resident's self-esteem, to the extent that an unjustified degree of passive dependency is fostered. In addition, the implicit assumption that mild cognitive impairment is the equivalent of lack of capacity to make personal decisions is not supported by statutory and case law in most jurisdictions. The prevailing presumption of capacity, and therefore, right to confidentiality in decision making, should not be discarded. It should also be noted that, under unwarranted assumptions regarding the capacity and interests of the resident, information to which the individual is normally entitled may be withheld, thus constituting another type of breach of confidentiality, especially when the information is of a type to which only the resident should be privy to under most circumstances, or parties designated by the resident. Examples and issues will be presented by a panel of presenters and discussants who will explore these issues with depth and clarity in order to help enhance the functioning of Psychologists who work in Long Term Care Settings.

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A COMPREHENSIVE COLLABORATIVE MODEL FOR ASSESSING AND DISSEMINATING NEEDS OF OLDER ADULTS IN THE INNER CORE OF A LARGE URBAN CITY. Elizabeth E. Chapleski, Institute of Gerontology, Wayne State University, Detroit, MI, 48202.

PARTICIPANTS:

Tim Wintermute, Executive Director of Hannan Foundation, Detroit. The 1999 Hannan Study of Older Adults: An Overview.

Elizabeth E. Chapleski, Institute of Gerontology, WSU. Synergy of Education, Practice and Research.

Daniel Barth-Jones, Center for Healthcare Effectiveness, DMC, WSU, Detroit. Determinants of Quality of Life for Inner City Seniors.

DISCUSSANTS:

Ruth E. Dunkle, School of Social Work, University of Michigan, Ann Arbor.

Joel Steinberg, M.D., Detroit Medical Center, Wayne State University, Detroit.

The 1999 Hannan Study of Older Adults in Detroit's Central City was conducted to assess the current health and social service needs of older adults in the inner core of Detroit. The study is a collaborative effort between service providers and WSU's Center for Healthcare Effectiveness Research, the Center for Urban Studies and the Institute of Gerontology. Detroit's central city has the highest concentration of older persons in the City and one of the highest concentrations in the country. The instrument was developed and pilot tested in a Graduate Survey Research Seminar. The study consisted of telephone interviews with 606 older residents selected randomly from 15,000+ persons over sixty years of age residing in the central city. In addition to the study itself, workshops were conducted in which the findings and their implications were discussed with the stakeholders. Agency clustering analysis shows a pattern of "gateway" agencies and how usage patterns are clustered. A multidimensional analysis of quality of life reveals positive relationships between social support, health, housing/neighborhood conditions and quality of life. Ranging from health status to spirituality, transportation to social services, the results of this study provide a unique portrait of the older citizens within the landscape of one of America's major cities.

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ASSESSING FINANCIAL CAPACITY IN ALZHEIMER'S DISEASE: A CLINICAL INTERVIEW APPROACH

D. Marson Department of Neurology, University of Alabama at Birmingham, Birmingham, AL 35233-7340

Participants:

D. Marson (Dept of Neurology, Birmingham) A Conceptual Model for Financial Capacity in Dementia.

V. Wadley, D. Marson (Depts of Psychology and Neurology, Birmingham) Developing and Piloting the Clinical Assessment Interview for Financial Capacity.

S. Duff, A. Cleckler, D. Marson (Dept. of Neurology, Birmingham) Financial Capacity of AD Patients Using the Clinical Assessment Interview.

S. Briggs, A. Cleckler, D. Marson (Dept. of Neurology, Birmingham) Consistency of Judgments of Financial Capacity in AD Patients Using the Clinical Assessment Interview

Discussant:

W. Haley (Chair, Department of Gerontology, University of South Florida, Tampa, FL 33620-8100)

Loss of financial abilities is an early and important feature of Alzheimer's disease and related dementias (AD). Financial capacity comprises a broad range of conceptual, pragmatic and judgmental abilities which are critical to the independent functioning of older adults. Impairments of financial knowledge and skills (eg., inability to manage checkbook, poor financial decisions) are often the first functional changes demonstrated by patients with early dementia. Loss of financial capacity has economic and psychological consequences for patients and families, and is closely linked to legal issues of elder abuse and of financial competency.

Despite the importance of financial capacity, surprisingly little is known about its loss in AD. This symposium will present conceptual and empirical findings from the second year of the NIMH funded Financial Capacity Study, and will focus on assessment of financial capacity using a clinical interview approach. The first presentation will discuss the study's conceptual model for financial capacity and its application to a clinical interview-based assessment approach. The second presentation will discuss development and recent piloting of the Clinical Assessment Interview for Financial Capacity (CAI), a clinician-constructed, semi-structured interview of financial capacity that evaluates 8 distinct domains of financial activity as well as an individual's overall financial capacity. The third and fourth presentations are empirical and respectively examine CAI capacity outcomes (capable, marginally capable, incapable) for a sample of AD patients as judged by the study's five physicians, and level of CAI capacity judgment agreement among these study physicians. Methodological, clinical and public policy issues will be discussed, and directions for further research outlined.

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FROM RESEARCH TO PRACTICE: DISSEMINATION AND DIFFUSION OF COMMUNITY-BASED PROGRAMS FOR OLDER ADULTS

ORGANIZER T. Prohaska, University of Illinois at Chicago, Chicago, IL 60612

PARTICIPANTS

A.L. Stewart, D. Gillis, B. McLellan, M. Grossman, M. Castrillo, and L. Pruitt (UC San Francisco, Box 0646, San Francisco CA 94143, Stanford University School of Medicine) Disseminating a Successful Physical Activity Promotion Program for Seniors in Diverse Community settings.

T. Prohaska, (U. of Illinois at Chicago, School of Public Health, Chicago, IL 60612)Translating and Disseminating a Church Based Exercise Research Program for Minority Older Adults

C. M. Castro, A. C. King (Stanford University School of Medicine, Palo Alto, CA) S. Hooker, California Dept. of Health Services. Telephone-Based Physical Activity Counseling for Older Adults: Using Clinical Trials to Inform Public Health Practice.

S. P. Hooker, W. Shoemaker, W. Seavey, C. Weidmer. UC San Francisco; California Dept of Health Services, 601 N 7th St. MS675, Box 942732, Sacramento, CA 94234.California Active Aging project: Putting Science Into Practice to Promote Physical Activity for Older Adults.

The translation of scientifically tested research findings to community-based health promotion programs is often slow, fragmented, and subject to speculation by the practitioner community. Even with the proliferation of empirically tested health behavior research interventions, relatively few of these programs are adapted to widespread community-based programs for older adults. The goal of the symposium is to provide an array of successful models for translating research to practice and widespread dissemination of successful physical activity programs for older adults. The first describes strategies to adapt a physical activity program in three diverse community settings. The second focuses on the transition of a community based exercise program to community ownership as well as a model for nation wide program dissemination. The third presents findings from an area wide telephone-based physical activity counseling program for older adults. The final paper describes the lessons learned from a dissemination effort to bring a self-change physical activity program in 16 communities.

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PSYCHOLOGICAL AND PHYSICAL CONSEQUENCES OF WIDOWHOOD: EVIDENCE FROM THE CHANGING LIVES OF OLDER COUPLES (CLOC) STUDY

D.S Carr, Department of Sociology, University of Michigan, 500 S. State Street, Ann Arbor, MI. 48109

PARTICIPANTS

D. S. Carr, (Department of Sociology and Institute for Social Research, University of Michigan, Ann Arbor, MI 48109-1382) Rethinking Anticipatory Grief and Reactions to Sudden Death among the Elderly

R.M. Nesse (Department of Psychiatry and Institute for Social Research, University of Michigan, Ann Arbor, MI 48109) Subtypes of Bereavement Based on Symptom Clusters

J.S. Sonnega (Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor, MI 48109) Psychosocial Factors as Predictors of Spousal Mortality Selection into Widowhood Status

R. L. Utz (Department of Sociology, University of Michigan, Ann Arbor, MI 48109) The Effect of Spousal Loss on Social Participation

C. B. Wortman (Department of Psychology, State University of New York, Stony Brook NY) Divergent Reactions to the Loss of a Spouse

DISCUSSANT

A.M. Pienta (Institute on Aging, University of Florida, Gainesville, FL 32610)

Widowhood has been characterized as one of the most stressful life events, yet widowed persons display a remarkable diversity of responses. This symposium will explore the individual- and couple-level characteristics associated with psychological and physical well-being among a sample of older (age 65+) widowed persons. Presentations are based on data from the Changing Lives of Older Couples (CLOC) survey, a prospective survey of 1,545 married individuals. A subsample of widows and matched controls participated in follow-up interviews, conducted six, 18, and 48 months after the death (widows) or baseline interview (matched controls). This unique longitudinal design allows researchers to control for factors which select individuals into widowhood, and to adjust baseline psychological adjustment in studies examining responses to spousal death (Carr, Sonnega, Utz). The longitudinal design also allows researchers (Nesse, Wortman) to empirically evaluate models of grief trajectories which have been developed in clinical samples.

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RESOURCE DEFICITS AND SOCIAL RELATIONS IN FRANCE, GERMANY, JAPAN AND THE UNITED STATES.

T.C. Antonucci, Institute for Social Research & Dept. of Psychology, 426 Thompson Ave. Ann Arbor, MI 48109-1246.

PARTICIPANTS:

J.E. Lansford & L. Schaberg (Dept. of Psychology & Institute for Social Research), Ann Arbor. A Comparison of Social network Characteristics in France, Germany, Japan and the United States.

E.L. Stover & T.C. Antonucci (Dept. of Psychology & Institute for Social Research), Ann Arbor. The Buffering Effects of Social Support on Mental Health and Well-being among Older Adults with Resource Deficits.

A.C. Merline & H. Akiyama (Dept. of Psychology & Institute for Social Research), Ann Arbor. How Social Relations Effect the Association between Resource Deficits and Depression in Four Nations.

K. J. Ajrouch & M.R.Janevic (School of Social Work & School of Public Health), Ann Arbor. The Social Relations-Physical Health Connection: A Comparison of Elderly Samples from the US and Japan.

DISCUSSANT:

E. Douvan (Dept of Psychology & Institute for Social Research) Ann Arbor.

This symposium presents results from an NIA funded project focusing on older people in four nations who experience three resource deficits being single, financial strain and illness, among older people in four nations. We begin with the presentation of profiles of those experiencing resource deficits across countries. Our symposium focuses on an examination of the association between resource deficits and well being to specifically document how social relations influences this association.

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RECREATION THERAPY INTERVENTIONS FOR PERSONS WITH DEMENTIA.

L. Buettner, Florida Gulf Coast University, Ft. Myers, FL 33965-6565

PARTICIPANTS:

L. Buettner, A. Krinsky, M. Shalek (Florida Gulf Coast University, Ft. Myers, FL, Palo Alto VA, Palo Alto, CA, Sherrill House, Boston, MA) Recreation therapy interventions to reduce falls and injuries of special care residents.

S. Fitzsimmons (Binghamton University, Binghamton, NY 13902) Wheelchair biking for treatment of depression in nursing home residents with dementia.

J. Voelkl (Univ. of Iowa, Iowa City, IA 52242) The impact of In-Home therapeutic activities for community dwelling individuals with dementia.

DISCUSSANT: K. Buckwalter (Univ. of Iowa, Iowa City, IA 52242)

Therapeutic Recreation (TR) is the provision of treatment services and recreation services to persons with illnesses or disabling conditions. Until recently, little research was conducted using therapeutic recreation for individuals with dementia. The purpose of this symposium is to discuss and evaluate the effectiveness of three recreation therapy interventions for individuals with dementia. In the first multi-site intervention project a post-test only design was used to evaluate a TR falls prevention program for nursing home residents (n=30). The second project utilized a TR wheelchair biking protocol to treat symptoms of depression (n=40). This clinical trial utilized a classical pre-test, post-test design with a control group. The third multi-site program entitled "The At-Home Recreation Program" focused on treating community dwelling older adults and their caregivers. This program, was designed to enhance the daily life of older adults with dementia and their caregivers through increased participation in shared recreation activities and increased participation in independent recreation activities on the part of older adults with dementia. The findings of these TR intervention studies include improvement of physical, cognitive and social functioning of the individuals and reduction of falls and injuries. Implications for TR delivery in long-term care will be discussed.

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BUILDING CLIENTS' PERSPECTIVES INTO QUALITY SYSTEMS OF LONG TERM CARE

J. Kolodinsky, Center for the Study of Aging, University of Vermont, 202 Morrill Hall, Burlington VT 05405

PARTICIPANTS:

H. Soberon-Ferrar (Florida Dept. of Elder Affairs Tallahassee, FL) Florida's Approach to Meeting the Long Term Care Needs of Elders

J. Lee (University of Tennessee, Knoxville, TN) An Instrument to Build a Client Perspective in to Assessments of Service Quality

G. Lufti (Florida Dept. of Elder Affairs, Tallahassee, FL) The Client Perspective: The Big Picture

J. Kolodinsky (Center for the Study of Aging, University of Vermont, Burlington VT) Factors Affecting Clients' Perspectives of Quality in Home Based Care

J. Salmon and L. Polivika, (Florida Policy Exchange Center on Aging, University of South Florida) Control and Consumer Satisfaction

DISCUSSANT:

Patrick Flood, Commissioner of Aging, State of Vermont, Waterbury, VT

Client satisfaction with health care is dependent on the interaction of client, provider, and the health care system. Consumers of health care services have often been included only as a minor component of outcome measures of health care quality, and consumer satisfaction has often been ignored in the development of long term care systems. This symposium will highlight an expanding interest by those responsible for developing long term care systems in building a consumer perspective into their planning process. The presenters will describe how consumer research has influenced the development of care-giving policy by the State of Florida. Topics include steps in the development of a valid instrument to collect consumer information for home based care, how data were analyzed, how the results are currently being used, to how such methodologies can be expanded to other care settings and can be used by other States.

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THE CASH AND COUNSELING DEMONSTRATION AND EVALUATION (CCDE): EARLY IMPLEMENTATION LESSONS

L.Simon-Rusinowitz, K.J. Mahoney, Center on Aging, U-MD, College Park, MD, 20742.

PARTICIPANTS:

S.M.Desmond (U-MD, College Park, MD) Consumers' and Surrogates' Preferences for a Consumer-Directed Cash Option: Differences in Perceptions Based on Ethnicity

D.Shoop (U-MD, College Park, MD) Comparison of Florida Personal Care Consumers: Satisfaction, Training Needs, and Interest in a Cash Option by Age

L.Simon-Rusinowitz (U-MD, College Park, MD) Implementation Issues for Consumer-Directed Programs: Comparing Views of Consumers, Surrogates, and Policy Experts

M. Squillace (U-MD, College Park, MD) Personal Assistance Service (PAS) Choice and Decision-Making Among PAS Consumers and Surrogates

DISCUSSANT:

K.J.Mahoney (Boston College, Chestnut Hill, MA)

As long-term care expenditures have risen, policymakers have sought new ways to control costs while maintaining consumer satisfaction. "Cash and Counseling," a consumer-directed (CD) option, offers a cash allowance to persons with disabilities so they may purchase personal assistance and other services that best meet their needs. The CCDE, a policy-driven experiment in Arkansas, Florida, and New Jersey, promises valuable information about implementing this CD option in state Medicaid programs. This symposium focuses on implementation issues of the CCDE. Data comparing different racial and ethnic groups' preferences for a cash option will be presented from all demonstration states. Next, data from Florida describing CD preferences of older adults and younger adults with physical disabilities will be reviewed. Analysis of implementation issues will be discussed based on data from policy experts, consumers, and their surrogate representatives. Finally, decision making by consumers and surrogates will be compared.

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A VIEW FROM INSIDE: A CYCLE OF ACTION AND REFLECTION FOR BUILDING A SERVICE-LEARNING PROGRAM

K. Brook, M.E. Henry, F.C. Lazarus, Departments of Anthropology, Human Ecology and Service-Learning, Montclair State University, Upper Montclair, NJ 07043.

Over the past decade, service-learning as an applied Pedagogy and philosophy of education, has been integrated into the curriculum and institutional fabric of a growing number of universities and colleges. This presentation helps faculty, college administrators, students, and community partners explore institutional contexts and structures, the visions of key stakeholders, and evaluation processes fundamental to supporting service-learning and gerontology. We will detail the strategies used by the service-learning implementation team at MSU to foster growth, quality, and permanence of a service-learning program in which assisting community agencies to serve the elderly is a major component.

DEVELOPMENT OF INTERVAL MEASURES OF GERIATRIC TEAM TRAINING OUTCOMES.

John H. Skinner, Ed.D., Department of Gerontology, University of South Florida, 4202 E. Fowler Ave., SOC 107, Tampa, FL. 33620-8100.

Measuring outcomes in health, gerontology and geriatrics is a subject of growing concern. As pressures for increasing accountability of social and health programs continues, the search for good measures of outcomes raises questions about the sensitivity of available scales to small changes. Among the problems identified with existing scales are ceiling or floor effects, lack of linearity, lack of sensitivity to changes in the middle of the scale, and lack of additivity. This paper compares outcome measures of geriatric team training using two scaling techniques. We compare a Lickert type scale with a Rasch measurement rating scale using data from a modified Neuhaus (1990) Teamwork and Effective Measurement Instrument. The data is collected on 60 participants in the Hartford Foundation Geriatric Interdisciplinary Team Training Project in Tampa. Comparisons of the two techniques reveal that the Rasch technique provides for greater sensitivity and specificity of measurement. These findings reveal that program interventions are more likely documented using the Rasch scaling approach than traditional scaling techniques.

SURVEY OF EMPLOYERS IN THE FIELD OF AGING: IMPLICATIONS FOR GERONTOLOGICAL EDUCATION.

R.B. Seymour, University of Illinois, 850 W. Jackson Blvd., Suite 400, Chicago, IL 60607-3025. D.A. Peterson, University of Southern California.

Much discussion has been devoted to the educational needs of professionals in the field of aging. However, the views of employers in the field of aging have not been included. The purpose of the study is twofold: (1) to examine the hiring practices of employers in the field of aging (n=321) and (2) to have employers voice their views on relevancy and importance of the knowledge and skill areas defined by educators in aging for students in gerontology, geriatrics, and aging instruction. It is hypothesized that employers who are supportive and knowledgeable of gerontology education will be more likely to hire graduates of gerontology programs and validate the core knowledge and skill statements. Findings point to the need for tailored educational experiences reflecting the specific needs of agencies serving older adults. The findings will be discussed in terms of development of partnerships between employers and educators that will strengthen educational programs and provide necessary experiences for students' future employment.

THE CARE PROGRAM - AN ACADEMIC AND HEALTHCARE PROVIDER PARTNERSHIP

T.J. Fairchild, Special Projects on Aging, University of North Texas Health Science Center, Fort Worth, TX 76107

The focus of this presentation is on helping health care researchers understand how the Consortium on Alzheimer's Research and Education (CARE) Program was established. The CARE Program is a four-year partnership between a health science center and a national operator of nursing homes and assisted living facilities. The keys to creating and maintaining a successfully functioning partnership will be outlined and explained. Critical issues that will be addressed include the importance of shared cultures and values as well as formal agreements that need to be established which cover issues ranging from establishing research, educational, and training agendas to financial support. The benefits for the academic institution, researchers, clinicians, and the provider will be discussed as well as how to ensure both partners will continue their support and commitment to the partnership.

MENTORING ACROSS GENERATIONS: PARTNERSHIPS FOR POSITIVE YOUTH DEVELOPMENT

AS. Taylor, L. LoSciuto, J. Bressler, Temple University, Philadelphia, PA 19122.

Across Ages (AA) is a drug use and truancy prevention program in which older adult mentors work intensively with at risk 6th grade students. Evaluation of AA used a classic randomized pre-test post-test control group design. Three student groups were surveyed: a full treatment group who had mentors and took part in group activities, a partial group with group activities only, and a control group receiving no service. Of 11 scales used, 7 showed significant or marginally significant differences among the 3 groups. The measures showing statistical significance in favor of the full treatment group were: 1) attitudes toward school, future and elders, 2) attitudes toward older people, 3) knowledge about older people, 4) reactions to situations involving drug use, 5) 30 day substance use, and 6) community service. There were also statistically significant differences between groups in mean number of absences from school. Control group students were absent 21.8 days; those in the partial treatment group missed 19.9 days. Students who received mentoring were absent an average of 15.4 days. Further analysis of full treatment group data, broke the group into those who received 3 levels of mentor involvement: exceptional, average, or marginal. In terms of school attendance, the results were highly significant (F (2, 138)=25.03, p=.000) at all levels of mentor involvement. Those with exceptional mentors averaged 7.4 absences, with average mentors, 12.0 days absent and with marginal mentor involvement, 25.4 days absent. These data demonstrate the important contribution older adults can make to alleviating community problems.

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GERIATRIC CARE MANAGEMENT: OUTCOME OF A MANAGED CARE MODEL & FUTURE IMPLICATIONS

W.J. Simmons, Partners In Care Foundation, 101 S. First Street, Suite 407, Burbank, CA 91502

PARTICIPANTS:

N. Gibbs (Kaiser Permanente, Baldwin Park, CA 91706) Implementing a Geriatric Care Management Model in a Managed Care Environment.

S.M. Enguidanos & D.A. Cherin (Partners In Care Foundation, Burbank, CA 91502) Findings from an Innovative Geriatric Care Management Program.

W.J. Simmons (Future Implications for Geriatric Care Management).

With the rising numbers of elderly in the U.S., better models are needed to assist the frail elderly in maintaining their health status and enabling them to live comfortably and safely in their own homes. Geriatric Care Management programs have been developed to address this growing issue; however, little data is available documenting outcomes of these programs. The impact and cost effectiveness of a model of Geriatric Care Management (GCM) implemented in the Kaiser Permanente TriCentral Service Area is being tested. This model is designed to improve access to the continuum of care and community resources. Reallocation of medical dollars is also being studied to determine the impact of additional critical services on quality of life and service utilization. Screening and assessment criteria and instruments were developed to identify seniors needing GCM services. Preliminary findings from this study indicate that moderate to high depression is reported among 48% of GCM patients. In addition, the level of depression is positively correlated with number of emergency department visits. Although regression analysis revealed an interaction between depression and ADLs on the level of service utilization, there are no significant differences in satisfaction with care and service utilization between those receiving GCM and those with GCM plus the reallocated dollars. Findings from this study hold implications for improving geriatric care management by focusing on key patient variables, developing an integrated model using behavior change theories and models, and targeting at risk patients.

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THE PIONEER NETWORK: A SNAPSHOT OF THE CULTURE CHANGE MOVEMENT IN NURSING HOMES

J. Dauenhauer, J. Karuza, P. R. Katz Finger Lakes Geriatric Education Center, University of Rochester, Rochester, NY 14620 Rose Marie Fagan, Pioneer Network, Rochester, NY 14604

The Pioneer Network is a national movement whose goal is to renew and change the culture of long-term care. The Pioneer vision includes transforming traditional facilities into ones in which residents' capacities and individuality are affirmed, staff members are affirmed, strengthened, and retained, and the growth of staff of all disciplines and on all levels is promoted. Little information exists on the collective status and progress of this growing movement taking place in many of America's nursing homes. The goals of this open-ended introductory survey were to provide some basic, yet essential information on the status of nursing home culture change and to utilize this information to address the needs of the change agents. Surveys were distributed to participants at the first national Pioneer conference held in Rochester, NY in August of 1999. The survey response rate was 45% (128 of 284); most respondents were nursing professionals. Findings indicate that most nursing homes are in the early stages of transforming their culture. The most common barriers or obstacles to change included 1) personal attitudes, especially resistance to change, 2) Reimbursement/financial obstacles, and 3) Political obstacles including issues of "control." Respondents requested more research data indicating the benefits associated with culture change; the preferred methods of education included on-site programming and printed materials. Respondents expressed interest in acting as a change agent on the facility-level by communicating the messages of the Pioneers with other staff members, including administration, through meetings and educational in-services. These findings indicate the complexity of culture change processes and the need for more targeted education toward all levels and types of long term care personnel.

REGULATORY ENFORCEMENT: DO EXTERNAL ENVIRONMENTAL FACTORS INFLUENCE STATE NURSING HOME INSPECTORS' ACTIVITIES OVER THE PERIOD 1991-1997?

Lucinda Marie Deason,
Department of Political Science, Michigan State University,
East Lansing, MI 48824

This study will help scholars, policymakers, and public managers identify the factors that systematically influenced state inspection agencies implementing the Omnibus Budget Reconciliation Act of 1987 (OBRA 8[illegible] nursing home reform laws. The OBRA 87 laws were adopted to improve resident care in nursing homes across the United States. State inspection agencies examine nursing homes to assess compliance with the OBRA 87 laws. Some studies examining the implementation of the OBRA 87 laws have shown a reduction in the usage of physical and chemical restraints. However, other studies indicate that significant problems persist with nursing home care resulting in poor or fatal resident outcomes and few sanctions being imposed on facilities not complying with the OBRA 87 laws. This study examined the influence that external environmental factors exert on the behavior of state inspection agencies. Regression analyses were conducted on panel data over the period 1991 through 1997. The results of this study indicate that interest groups, governors, state legislatures, registered and licensed practical nurses, and events occurring in 1994, 1996, and 1997 systematically influence state inspection agencies implementing the OBRA 87 nursing home reform laws.

DESIGN OF AN ASSISTED LIVING FACILITY INTERVENTION MODEL: A MULTI-DISCIPLINARY APPROACH

C.Hollingsworth, F.J. Whittington, S.V.King, M.M. Ball, Gerontology Center, Georgia State University, Atlanta, GA 30303

Resident quality of life in the rapidly growing assisted living industry is of current concern. Experts (3 sociologists, a community psychologist, a nutritionist, a physical therapist, a geriatric pharmacist, and a social worker) in six areas of resident concern about their quality of life spent one year designing an intervention model, aimed at improving the care practices and the social and emotional atmosphere of one assisted living facility.

The intervention targets: independent physical functioning, direct personal care, food, medication practices, social relationships, and daily activities. Each of these areas has been found to relate directly to residents' emotional well-being and perceived quality of life.

Specific intervention activities will be described. These include: resident and family councils, exercise programs, medication reviews, resident computer training, and nutrition education.

Phase II of the model will be tested the following year in two assisted living homes, and 2 control homes.

ASSESSING THE ROLE OF CENTERS FOR INDEPENDENT LIVING IN HOME MODIFICATION FUNDING AND SERVICES.

S. Sutro, P. Liebig, Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191.

Recent studies (e.g., Liebig & Sheets, 1999) have shown that numerous state and local agencies are involved in providing home modifications (HM) that help elders age in place and live more independently. This study explores the roles played by the Centers for Independent Living (CIL) in promoting HM funding and services for the 65+ population and OTHER persons with disabilities. A nationwide CIL network, established by the Rehabilitation Act, receives federal and state funding for peer counseling, systems advocacy, training in independent living skills, information and referral, and housing assistance. Anecdotal reports indicate that CILs are important HM providers, yet little is known about the specifics of their roles. This research assesses the extent to which CILs provide HM funding and services, while also identifying the mechanisms for such provision. A brief 13-question survey was administered by mail and e-mail to all local 250 CILs. A response rate of 50% was achieved. Findings reveal the existence of three groups of CILs with regard to HM funding and services: 1) those providing services only; 2) those providing both services and funding, and 3) those that provide neither. Among groups 1 and 2, a majority of respondents rated their staff as knowledgeable about HMs; however, among the CILs not active in HM activities, nearly two-thirds indicated their staff are only somewhat knowledgeable, raising concerns about their ability to promote HM as a tool for independent living. Somewhat more than half of all CILs reported a partnership with their local Area Agency on Aging in HM issues and support, confirming other research that agencies with similar programmatic responsibilities often fund and deliver services in an uncoordinated fashion. These findings confirm earlier reports about CIL roles in HM, but also raise questions about the appropriate pooling of local HM resources to serve all persons with disabilities. Aging advocates need to become more aware of the potentials for collaboration with disability organizations, as well as the opportunities existing through local coalitions that may facilitate greater access and availability of HMs.

INTERGENERATIONAL CORESIDENCE OF ASIAN-AMERICAN FAMILIES

T. M. Liao, M. Winter, Department of Human Development and Family Studies, Iowa State University, Ames, IA 50011

For the majority of Americans, living independently or living with a spouse is normative and desirable. However, much research consistently indicates that intergenerational coresidence is a strong preference among Asian-American families. The purpose of this study is to examine the demographic and socioeconomic factors related to intergenerational living arrangement among Asian-American families. The purpose is accomplished through analysis of data from the 1984, 1985, 1986, 1987, 1988 Income and Program Participation (SIPP). The findings are consistent with previous studies. Older Asian-Americans tend to live in an adult child's household, more Asian-American elderly lived with their adult sons than with their adult daughters. This finding suggested the preferred living arrangement among Asian-American families is a result of Asian traditional culture.

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WHAT OLDER PEOPLE ARE SAYING ABOUT THEIR TRANSPORATION NEEDS?

J. Eberhard, National Highway Traffic Safety Administration, 400 7th Street S.W., Washington, DC

PARTICIPANTS:

G. Bolembeski, KRA Corporation, Silver Spring, MD & J. Eberhard, NHTSA; Washington DC; NHTSA's "National Survey on Older Person's Driving and Transportation Issues."

A. Straight and A. Stowell, AARP, Washington, DC "Understanding Senior Transportation Survey";

Jane Stutts, PhD, University of North Carolina, Highway Safety Research Center, Chapel Hill, NC "Why Seniors Stop – or Don't Stop – Driving"

DISCUSSANTS:

E. Conti, Jr., Ass. Secretary for Transportation Policy, U.S. Department of Transportation

M. Benoit-Thompson, Director of Congressional and Public Affairs, US DHHS.

A national group spearheaded by the U.S. Department of Transportation is attempting to develop a national agenda to improve the transportation for our aging society. As a part of that activity a number of organizations have been attempting to determine what the general public and, particularly, older people's view of their transportation needs are. This symposium/paper session will bring together three recent national surveys addressing different aspects of the issues that need to be accomplished to help insure better transportation for our aging society. These surveys were conducted for an array of purposes by the conducting organizations e.g. to AARP survey is a part of an ongoing effort to develop its understanding of the components that contribute to maintaining independence as people age.

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EXERCISE: A VIDEO FROM THE NATIONAL INSTITUTE ON AGING.

One (48 minute/exercises begin at 6:08)/color videotape/2000

Produced by Vilsack Productions/ National Institute on Aging/ Margaret Richard (Body Electric)

Regular exercise and physical activity can improve the health and abilities of older people. In fact, studies show that not exercising is risky behavior. This video created by the NIA was designed to show older people how to start their own exercise program. The video includes a warm-up, strength training, balance exercises, and cool down. The video is packaged with NIA's Exercise Guide for Older People that provides additional exercises and discussion on how exercise and proper nutrition are crucial for staying healthy as we age. It includes useful tips on establishing and maintaining a regular exercise program. The program is based on research supported by the Institute and others at the National Institutes of Health.

Contact: Claudia Feldman, Office of Communications and Public Liaison; National Institute on Aging, Bldg. 31, Rm. 5C-27; Bethesda, MD 20892-2292; NIH, Bethesda, MD 20892-2292

IT'S NEVER TOO LATE! THE SURPRISING BENEFITS OF EXERCISE AS WE AGE

One (16-minute)/Color videotape/1999.
Produced by the Huffington Center on Aging, Baylor College of Medicine, Houston, Texas via a grant from the Novartis Foundation for Gerontology, Basel, Switzerland.

This videotape is designed for older people, their caregivers, and younger persons interested in living longer, better lives. Featured are persons ranging in age from 50 to over 90 who are engaged in various forms of exercise. Some of these active elders are 92-year old world renowned heart surgeon Michael E. DeBakey, MD; 82-year old former U.S. Ambassador to Austria Roy M. Huffington, PhD; 87-year old Houston philanthropist Clara Whitmore; and 77-year old former U.S. President George Bush. The video cites research on how most people can slow certain aging processes through exercise. Robert J. Luchi, MD, Professor and Chief, Section of Geriatrics, Department of Medicine, Baylor College of Medicine, provides clinical benefits and guidelines for safe exercise.

Contact: Roy G. Smith, PhD, and Robert E. Roush, Ed.D., M.P.H., at 1 Baylor Plaza, Rm. M-320, Houston, TX 77030 <rroush@bcm.tmc.edu> or Charles Studer at S-200.1.02, Lichtstrasse, CH-4002 Basel

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The Relationship between Hip Abductor Muscle Strength and Physical Function in Older Adults.

Timothy A. Hanke & Mary A. Murphy, Department of Physical Therapy, University of Connecticut, 358 Mansfield Road, U-101, Storrs, CT 06269-2101

There remains a paucity of information on the relationship between hip abductor muscle strength (ABD) and physical function despite the important role this muscle group plays in medial-lateral balance control. Moreover, the effects of targeted strengthening on physical function have yet to be adequately described. The implications of such work may lead to important directives for improving balance and minimizing the risk of falls in older persons. We examined the relationship between ABD as measured by hand-held dynamometry and the Timed Up & Go (TUG), Gait Speed (GT), and Single-Leg Standing (SLS) tests in 14 older adults (range=67-88; mean=75 yr.) with and without a history of falling. TUG was significantly correlated with GT (R= -0.84). GT was also significantly correlated with the SLS time on the dominant leg (R=0.61). Not surprisingly right and left SLS were strongly associated with each other (R=0.88) as were right and left ABD (R=0.87). More importantly, ABD was significantly correlated with SLS in those subjects who could not perform this test for at least 30 seconds (N=11, R=0.64). ABD was not significantly correlated with TUG or GT. The effects of a randomized, controlled 12-week progressive resistive ABD exercise program on ABD, TUG, GT and SLS are examined with respect to issues of task-specific training and exercise frequency (3x/wk, 5-7x/wk) and their role in balance and falls rehabilitation.

Funded by the Center on Aging and Human Development, University of Connecticut to T.A. Hanke.

Disablement Process of Hip Fracture Survivors

Y Young, L.P. Fried, Y. H. Kuo, [1]School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, MD 21205.

Purpose. To understand how changes in physiological function, functional limitation, and functional disability contribute to the disablement process among elderly hip fracture patients. *Methods*. The women's Health and Aging Study I is a longitudinal study of community dwelling women ages 65 years and older who were severely disabled at the time of the recruitment (n=1002). Data was obtained through a standard interviewer administered questionnaire, performance measures, and adjudication. Performance measures included in this study are: rapid walking time for 1 meter and 4 meters and 5 chair stand time. *Results*. Longitudinal data analysis indicates mobility function deteriorates over time in both hip fracture (n=82) and non-hip fracture group (n=920) during the three years of study. Hip fracture group appears to be more disabled in mobility function over time than non-hip fracture participants. Adjusting for other covariates in the model, mobility function in hip fracture patients is significant worse in rapid walking time for 1 meter (**P**<.01) and 4 meters (**P**<.001) than nonhip fracture group. Hip fracture patients with depression have worse mobility functional than non-depressed hip fracture patients (**P**<.01). *Conclusion*. Mobility function deteriorates faster in hip fracture patients than non-hip fracture patients. Interventions designed to prevent or slow down mobility function decline among hip fracture patients should focus on depression.

REDUCED USEFUL FIELD OF VIEW IN OLDER ADULTS IS EXPLAINED USING PHYSICAL PERFORMANCE MEASURES

L Riolo, Veterans Affairs Rehabilitation R&D Center, Decatur, GA 30033

The purpose of this project was to determine group differences in physical performance measures to describe the contribution of visual attention as measured by UFOV to mobility in older adults. Seventy-seven community-dwelling elders aged 70 to 89 (76+/-4.8) participated. Each subject had a history of falling in the previous year. Two physical measures that have been related to dependence in mobility (timed up and go) and increased fall risk (functional reach) were recorded. UFOV was measured using the UFOV attention analyzer to describe UFOV as a percent reduction. Forty subjects had UFOV scores greater than 50% and 37 subjects scored less than a 50% reduction. The two groups differed on timed up and go (t=2.8, 75 df, p=.006) and functional reach (t=-4.2, 75 df, p=.0001). UFOV is a measure of visual attention comprised of perceptual speed, divided attention, and selective attention. The results suggest that individuals with reduced UFOV scores have limitations in mobility as measured by timed up and go and functional reach. The interaction between cognition and physical performance appears important in the older population.

RELATIONSHIP BETWEEN SELECT BALANCE MEASURES AND THE GAIT STABILITY RATIO

RL Cromwell, RA Newton, Department of Physical Therapy, University of Texas Medical Branch, Galveston, TX 77555 & Department of Physical Therapy, Temple University, Philadelphia, PA 19140

The purpose of this study was to identify a clinical balance measure that accurately predicted dynamic balance during walking. A gait stability ratio (GSR) of cadence/velocity was tested to insure that the GSR was a predictor of stability. An increase in GSR provides an indication that subjects are decreasing the unstable phases of the gait cycle. The GSR was then correlated to total score on the Berg Balance Test (BBT) and to select BBT items requiring dynamic balance. These BBT items were alternate stepping, tandem stance and single leg stance. Community dwelling older adults received the BBT followed by two gait conditions: eyes open (EO) and eyes closed (EC) walking. Cadence and velocity were measured using a MacReflex camera system. Markers were placed on subject's heels to determine step cycles. A marker placed at the lumbo-sacral junction was used to determine average walking velocity. EO GSR was correlated positively with EC GSR and negatively with EC walking velocity indicating that GSR was a good predictor of gait stability. The BBT item of alternate stepping produced a significant negative correlation with EO GSR. This BBT item incorporates dynamic weight shifting similar to that found during gait. These results form the basis to examine the relationship of the GSR and clinical measures of balance in known fallers. *Supported by NIA Grant # AG16884-01*

FALLS AMONG OLDER PERSONS: ARE WE MISSING THEM?

M. Bullard, University of Arkansas for Medical Sciences Department of Family Medicine Area Health Education Center-Pine Bluff, AR 71603 and K.M. Means Department of Physical Medicine and Rehabilitation University of Arkansas for Medical Sciences and Central Arkansas Veterans Healthcare System, Little Rock, AR 72205

Survey data indicates that 1/3 of elderly persons fall at least once during a given year. Ten percent of these falls may result in serious injury. Many things that contribute to falls are modifiable. However, many falls and associated conditions are often under-reported by patients and unrecognized by clinicians. To determine the vigilance of primary care clinicians in obtaining a history of falling, we reviewed 100 medical charts randomly selected from among 269 patients (age >75) attending a VA Primary Care Geriatric Clinic over a one month period. For these 100 patients (mean age=79.9 years; s.d.=4.4) visits within the past year were reviewed for any documented patient history or clinician inquiry about falling. Follow-up telephone interviews were conducted to verify chart information. Documentation of 17 providers (65%MD, 35%APN) over 346 visits (range=1-17; new=36%, f/u=64%) was reviewed. While 14 charts (14%) addressed falling (most often by MD providers), 45% of patients contacted by telephone reported a fall(s) during the year. This suggests a gap between actual falls and provider documentation.

ALTERED STEPPING CHARACTERISTICS DURING BALANCE RECOVERY IN BALANCE-IMPAIRED OLDER ADULTS

[1]S.G. Brauer, M.H. [1]Woollacott, A. [2]Shumway-Cook
[1]Department of Exercise and Movement Science, University of Oregon, Eugene, OR, 97401. [2]Department of Rehabilitation Medicine, University of Washington, Seattle, WA

A compensatory step is a common recovery strategy used by older adults when arresting a fall. Healthy older adults demonstrate subtle changes in step characteristics that may reflect reduced control of the movement. Whether balance-impaired older adults demonstrate more extreme changes is unknown. Thus, the purpose of this study was to determine whether balance-impaired older adults demonstrated differences in their step recovery method that could compromise stability. Fifteen healthy and twelve balance-impaired older adults stood on a force platform and were exposed to a range of 33 backward translations (15cm @ 10–50cm/s). Behavioral, kinetic and kinematic data were collected to compare compensatory step responses between groups. Balance-impaired older adults used multiple steps to recover in 23% of trials whereas healthy older adults multiple-stepped in 12% of trials (p=0.047). In single-step trials, balance-impaired older adults showed a longer delay prior to initiating their step (p=0.013), had reduced toe clearance (p=0.041), and showed a trend for greater lateral center of pressure motion (1.2cm vs 4.3cm) in comparison to healthy older adults. The kinematic changes in compensatory stepping exhibited by balance-impaired older adults could increase their risk of falling.

COMPARISON OF PATIENTS WITH PNEUMONIA IN A GERU.

Simone Franzoni, P.Ranieri, S.Gatti, S.Pea, M.Traversi, M.Trabucchi
GERU, P.Richiedei Hospital, via Pinidolo 23, 25064 Gussago (BS) and Geriatric Research Group, 25122 Brescia (Italy).

Objective: to find differences among patients with community-acquired (CAP), acute medical unit-acquired (AMUP), and GERU-acquired (GERUAP) pneumonia (P). **Setting:** Richiedei GERU. **Patients**: 168 elderly patients (81.2±7.4 y), consecutively hospitalized in Richiedei GERU during 4 months (11-1-99 to 2-29-2000). N.36 (17.6%) patients had P.. Three groups of patients were defined according setting in which the infection was acquired: n.12 with CAP, n.14 with AMUP (patients transferred from AMU for rehabilitation therapy and without P. at admission to AMU), and n.10 with GERUAP. **Methods**: multidimensional assessment and ATS guideline were applied. **Results**: comparison of epidemiological and clinical data between patients with P. and without P. revealed a higher prevalence of males (53.6 vs 25.9%; p<.01), cognitive deterioration (MMSE 18.5±9.6 vs 23.2±5.9, p<.005), functional impairment (Tinetti at admission 10.5±8.3 vs 16.2±8.8; p<.005), lack of functional recovery (Tinetti at discharge 14.8±8.4 vs 20.7±7.8; p<.005), malnutrition (albumin 3.3±0.6 vs 3.6±0.4; p<.01), and comorbidity (n.chronic diseases 5.1±1.9 vs 3.6±1.5; p<.001; n.drug 8.5±3.4 vs 6.5±2.5; p<.001) in patients with P. LOS was respectively 32.1±12.6 vs 26.8±11.7 days; p<.01. Differences among patients with P. (according setting in which the infection was acquired) indicate a different level of health status severity: cognitive deterioration (MMSE: CAP 24.5±3.8 vs GERUAP 17.4±10.6 vs AMUP 14.2±10.3; p<.05), functional impairment (Tinetti at admission: CAP 19.3±8.5 vs GERUAP 7.3±5.3 vs AMUP 5.1±3.3; p<.000), lack of functional recovery (Tinetti at discharge: CAP 24.8±2.8 vs GERUAP 9.6±8.4 vs AMUP 10.1±8.5; p<.01), malnutrition (albumin CAP 3.6±0.7 vs GERUAP 3.4±0.5 vs AMUP 3.2±0.6; p<.05), and LOS (n.day CAP 28.5±8.6 vs GERUAP 33.1±13.2 vs AMUP 34.7±15.4; p<.05). Also specific laboratory variables were found significantly higher in AMUP patients. **Conclusions**: data show different severity of health status and functional recovery according the diagnosis of P.

AGING AND MOBILITY DISABILITY: QUANTIFYING THE ROLE OF ENVIRONMENTAL FACTORS.

A. Shumway-Cook*, A. Patla, A. Stewart, L. Ferrucci, J. Guralnik. * Dept. of Rehabilitation Medicine, University of Washington, Seattle, WA.

New models of disablement suggest that disability is not a simple property of the individual, but reflects an interaction between the individual and the environment. This study measured the influence of eight dimensions of the physical environment on mobility function in older adults in order to understand how the environment enables or disables independent mobility. Thirty-five older (>70 yrs) adults living independently within the community participated, 17 with mobility disability (inability to walk 1/2 mile and/or climb stairs without assistance) and 18 healthy controls. Subjects' responses to environmental challenge were quantified through interview, observation and videotaping. Environmental press (frequency of encounter with challenge) did not differ between the groups, however response to press (avoidance behavior) was significantly greater (p<.001) in the disabled group. Avoidance was not uniform across all dimensions; instead specific dimensions (e.g. terrain and postural transitions) appear more related to mobility disability than others such as carrying physical loads. Funded by a grant from the Andrus Foundation.

CHARACTERISTICS OF NATURALISTIC RISES AMONG THOSE REPORTING DIFFICULTY AND NO DIFFICULTY IN RISING FROM A CHAIR.

L.V. Nyquist, A. Contantine, D. Strasburg, N.B. Alexander, & A. Cassidy, University of Michigan, Ann Arbor, MI 48109-2007.

Assessments of rising from a standard chair are often included in functional performance measures. The present research examined how rises were performed in the home and related characteristics of the performance to self-reported difficulty. 20 older adults aged 73-92 were interviewed and videotaped rising from their sofa, a folding chair, and their toilet. 10 Ss reported no difficulty (ND) in getting up from a chair and 10 Ss reported difficulty (D). Characteristics of the rises were coded from the videotapes. Significant chi-square tests (ps<.05) indicating differences in the D and ND rise characteristics were as follows: 69% of the ND rises showed a continuous movement from sit to stand vs. 27% of the D rises; 23% of D rises included a positioning move prior to liftoff of buttocks vs. 3% of ND rises; in 62% of the D rises and 24% of the ND rises, pauses in movement occurred as the buttocks were raised and the weight brought over the feet; 97% of ND rises showed simultaneous motion of trunk and lower extremities in bringing weight over the feet vs. 50% of the D rises; 46% of the D rises occurred with a wide base of support vs. 21% of the ND rises; in 69% of the D rises, hands were in contact with a surface as the weight was shifted over the feet vs. 28% of the ND rises; and in 17% of the D rises, the toes came up as the weight was shifted vs. 0% of the ND rises. These differences suggest that self-reported difficulty may be associated with segmentation or phasing of movement to control the rise or to compensate for impairments in balance, strength or flexibility.

STEPPING ACCURACY WITH INCREASING COGNITIVE AND VISION DEMAND: A TRAILS STEP TEST.

N.B. Alexander, J.A. Ashton-Miller, B. Giordani, K. Guire, A.B. Schultz. University of Michigan and DVAMC, Ann Arbor, MI 48109.

Cognitive and visual processing are required to negotiate environmental hazards and avoid falls. We simulated the processing required to step accurately in a potentially hazardous situation by having older adults step on separate 10' walkways of instrumented targets under normal (N) and low (L) light conditions. The walkway target patterns were chosen to simulate standard paper/pencil visuomotor processing tests which predict falls, the Trails A (TrA) and Trails B (TrB) tests. Eighteen older adults with no cognitive or visual impairment (mean age 71, range 61-85) stepped on sequentially-numbered targets (TrASt) or on alternating number- and letter targets incremented sequentially (TrBSt). Test order was randomized.

Mean (±sd) walk time (sec) increased with cognitive (TrASt vs TrBSt, $p<0.0005$) and light demand (N vs L, $p<0.02$, no significant cognitive x light interaction).

Step Trails Test	Normal light	Low Light
TrASt	45.0 (13.5)	52.9 (16.9)
TrBSt	60.3 (19.4)	66.7 (25.4)

TrASt and TrBSt walk times also correlated significantly with TrA and TrB time (0.5-0.8). Thus, just as TrA and TrB relate to falls, TST performance might eventually be used to determine fall risk, particularly for situations with increased cognitive and visual demand.

PREDICTORS OF PHYSICAL DEPENDENCE IN HOMEBOUND OLDER ADULTS

C. Ritchie, R Silliman, D Copenhafer, and B Millen.
Schools of Med. and Pub. Health, Univ. of Louisville and Boston Univ, 512 S. Hancock St., Louisville, KY 40202.

Physical dependence in homebound older adults is poorly understood. We sought to determine the relationship between sociodemographic, psychosocial, and health-related factors and 2 measures of physical dependence among urban homebound older adults. We studied 239 subjects (65 to 105 years) who were patients of a geriatric clinical home care program. Measures of physical dependence included 1) dependence in > 1 ADL, and 2) inability to perform a measured walk. Candidate independent variables included age, living arrangement, alcohol use, smoking status, body mass index (BMI), comorbid illness, and medication use. In a logistic regression model, age, alcohol, living situation and comorbid illness were independently associated with ADL dependence (OR 1.04, 2.47, 2.99, and 1.20 respectively, $p< 0.05$). In a second logistic regression model, not drinking alcohol and living with others were independently associated with immobility (OR 3.44 and 1.81, $p< 0.05$). Abstinence from alcohol and living with others are cross-sectionally associated with physical dependence in homebound older adults. The extent to which these represent selection or are true markers for dependence requires further study. We hypothesize that among homebound older adults, increasing physical dependence is associated with increased in-home support and subsequent decreased access to or intake of alcohol.

EFFECTS OF PREVENTIVE HOME-VISITS ON FALLS AND MOBILITY PROBLEMS IN ELDERLY PERSONS AT RISK

J.C.M. van Haastregt, J.P.M. Diederiks, E. van Rossum, L.P. de Witte, P.M. Voorhoeve, H.F.J.M. Crebolder,
Institute for Rehabilitation Research, PO Box 192,
6430 AD, Hoensbroek, Netherlands.

Falls and mobility impairments are common problems among elderly persons. We developed a multifactorial home-visit program both targeted at preventing falls and reducing mobility impairments in community-living elderly persons aged 70 and over, who are at risk for falls or moderately mobility impaired. A randomized controlled trial was carried out to assess whether the persons receiving the home-visits (n=159) had better outcomes than the persons receiving usual care (n=157).

The persons in the intervention group received five home-visits from a public health nurse over a period of one year. During these visits the participants were screened for a number of medical, environmental and behavioral factors potentially influencing falls and mobility. The screening was followed by advice, referrals and other actions aimed at dealing with the hazards observed. After 18 months of follow up there were no statistically significant differences in falls and mobility outcomes between the two groups. Therefore we conclude that a multifactorial home-visit program aimed at reducing falls and mobility problems among community-living elderly persons at risk, is not effective in the Dutch health care setting.

COGNITIVE DEMANDS FOR POSTURAL CONTROL ARE ALTERED IN A THREATENING ENVIRONMENT.

R. J. Sleik & L. A. Brown, Dept. of Kinesiology, University of Lethbridge, AB Canada T1K 3M4

It is already established that the regulation of balance requires cognitive input, and that the cognitive demands for maintaining balance increase with aging. However, situations that increase anxiety about balance occur regularly in the daily routine of the older adult. Are the cognitive demands for postural control altered in situations of increased postural threat? The purpose of this study was to determine whether the cognitive requirements for postural control are differentially affected among young and older adults in situations of imposed postural threat. Six younger ($\bar{x}$22.5yrs.) and 6 older ($\bar{x}$70.3yrs.) adults performed a verbal Reaction Time (RT) task under 4 conditions of increasing postural threat: LowMid (LM): in the middle of a platform (1.2m x 1.8m) that was elevated 0.17 m from ground level, LowEdge (LE): at the edge of the platform at a 0.17m elevation, HighMid (HM): in the middle of the platform elevated to the subject's shoulder height, and HighEdge (HE): at the edge of the platform at shoulder-height. Results indicated that RT was significantly longer in the HE condition compared to the LM condition for older adults only. This finding implies that the level of postural threat imposed by the environment affects the cognitive demands for postural control in the elderly. This finding also presents

interesting implications regarding the cognitive requirements for postural control for individuals who may have concern or anxiety about their balance ability.

***funded by Alberta Heritage Foundation for Medical Research**

A PROSPECTIVE STUDY OF RECURRENT FALLS AND FALL INJURIES IN A HEALTHY ELDERLY POPULATION

K. Kirk, J. F. Wyman, School of Nursing, University of Minnesota, Minneapolis, MN 55455

Evidence suggests that risk factors for falls and injurious falls may be different for healthy elders compared to frail elders. The purpose of this prospective study was to examine the risk factors associated with recurrent falls and injurious falls in a population of 158 healthy, independent older adults (mean age 77 ± 5). During the 12-month follow-up period, 71 (45%) study participants reported falls. Forty-four fallers (62%) fell once, 27 (38%) fell more than once, and 41 (58%) fallers sustained an injury. Out of 128 total falls, 30 falls (23%) resulted in moderate to serious injuries. Environmental factors accounted for 29% of all falls by recurrent fallers. Multivariate logistic regression analysis adjusting for age and gender showed that environmental factors were the strongest predictor of a recurrent fall in this population ($p=.0001$). These results support the conclusion that external factors play a large role in fall etiology of healthy elders. Risk factors significantly predictive of fall injuries, after adjusting for age and gender, included physical function score on the SF-36 ($p=.03$), and self-defined walking difficulties ($p=.048$).

DIFFERENCES IN FUNCTIONING BETWEEN AFRICAN AMERICAN AND CAUCASIAN PATIENTS AFTER HOSPITALIZATION FOR AN ACUTE ILLNESS

L.P. Sands, K. Yaffe, K. Covinsky, M.M. Chren, S. Counsell, R. Fortinsky, R. Palmer, C.S. Landefeld. Center on Aging, Dept. of Medicine, UCSF, San Francisco, CA 94143-1265.

Acute illness and hospitalization are associated with declines in functioning that may differ according to race. We determined whether improvement in functioning after admission differed between 713 African American and 2211 Caucasian patients age ≥ 70 who were admitted to the general medical services of 2 teaching hospitals. Interviewers asked about independence in 7 instrumental activities of daily living (IADL) and 5 activities of daily living (ADL) at admission (ADM), 2 weeks before ADM retrospectively (baseline), discharge (DSC), and 90 days after DSC. On admission African Americans had greater illness severity (APACHE2 11.5 vs. 10.2), higher rates of dementia (19% vs. 14%), lower baseline functioning (ADL: 3.6 vs. 4.1; IADL 3.9 vs. 4.9; $p < .05$ for all). During hospitalization African Americans were more likely to be restrained (10 vs. 5%; $p<.001$). Among patients who were not independent at admission, fewer African Americans improved functioning by DSC (ADL: 44 vs. 53%; IADL 41 vs. 55%) and by 90 days after DSC (ADL: 44 vs. 53%; IADL 41 vs. 55%; $p < .05$ for all). In multivariate analyses that included potentially confounding factors, improvement after admission was associated with independence in ≥ 4 baseline ADL and IADL (OR's =3.0, 1.9; 95% CI's=2.0 – 4.5, 1.3 – 2.8, respectively), absence of dementia (OR=2.1, 95% CI=1.3 – 3.5), and no restraint use (OR=3.9, 95% CI= 1.7 – 8.9), but not with race (OR=.94, 95% CI=.62 – 1.43). Differences between African Americans and Caucasians in functional improvement after hospitalization were related to pre-existing differences in functioning, cognitive status, and possibly to use of restraints during hospitalization.

DIFFERENCES IN SYNCOPE EVALUATION AND ETIOLOGY BETWEEN YOUNGER AND OLDER PATIENTS

H.K. Kamel, M. Hussain, V. Maudar, S. Tariq. Division of Geriatric Medicine, SLU School of Medicine, 1402 S. Grand, M238, St. Louis, MO 63104.

Objective: To study the differences in syncope evaluation and etiology between younger and older patients.

Methods: A retrospective chart review study of all patients admitted with a principal diagnosis of syncope to a teaching community hospital during the year 1997. A total of 190 subjects were included in this study. Older (≥ 65 years) subjects constituted 52% of the study sample.

Results: Older patients with syncope had more diagnostic tests performed compared to younger patients with syncope (3.4 tests/patient vs. 2.8 tests/patient, $p<0.01$). The tests compared were CT head, MRI head, echocardiogram, Holter monitor, EEG, tilt table, and serial cardiac enzymes. A cause of syncope, however, was identified more frequently in younger patients compared to older patients (19% vs. 11%, $p=0.1$). The commonest cause identified in younger patients was vasodepressor syncope, 35% of causes identified. The commonest cause identified in older patients was cardiovascular, 36% of causes identified.

Conclusion: Although older patients with syncope had more diagnostic tests performed, they were more likely to have unexplained syncope compared to younger patients.

DELAY IN REPAIR OF HIP FRACTURE RESULTS IN INCREASED RATES OF DELIRIUM

C. Christmas, F. Seiber, R.E. Andersen, S.C. Franckowiak, K.E. DeJonge. Johns Hopkins SOM, Division of Geriatric Medicine, Baltimore, MD 21224

Surgical repair of hip fracture is generally considered urgent or semi-urgent, but not an emergency. Thus, the precise timing of repair remains controversial. Patients who suffer from hip fracture tend to be older and medically complex, with resultant disappointingly high rates of post-operative complications and poor recovery of function. To evaluate whether the timing of surgical repair of hip fracture impacted on postoperative delirium, we prospectively studied 109 consecutively admitted patients with acute hip fracture. The time from arrival to the emergency department to arrival to the operating room was recorded in hours. Each patient was screened for post-operative delirium using the Confusion Assessment Method (CAM).

Using a non parametric χ^2 analysis, we found that 67.5 % of those patients in whom surgical repair was delayed by more than 24 hours suffered from postoperative delirium, whereas, delirium complicated only 32.5% of those cases treated in 24 hours or less (χ^2=2.74, p=0.073). This pilot evidence supports performing surgical repair of hip fracture as soon as possible to minimize postoperative complications.

PULMONARY ARTERY RUPTURE: ARE POST-MENOUPAUASAL FEMALES AT GREATER RISK WHEN A PULMONARY ARTERY CATHETER IS PLACED?

C.C. Webb, MSN, CCRN*, C.H Liu, MSN+, *National Heart, Lung, and Blood Institute, Bethesda, MD 20892; +Food and Drug Administration, Rockville, MD 20852

Pulmonary artery catheters (PAC), also known as Swan-Ganz catheters, were introduced into critical care practice in the 1970's. PAC's provide clinicians with critical hemodynamic data not available from other clinical resources. Despite recent controversies in risk-benefit ratios in use of the device, domestically approximately 1.3 million catheters are sold per annum. Pulmonary artery (PA) rupture is the most acute, and often fatal, complication associated with use of PAC, with a reported incidence between 0.016% and 1.0%, and mortality well over 50%. A review of the Food and Drug Administration's (FDA) Manufacturer and User Facility Device Experience (MDR) database revealed 714 total adverse event reports (death, injury and malfunction, associated with use of PAC), between June 1993 and June 1999. Among 61 cases of gender reported PA rupture, 44 are women. Fifty of the 61 reported PA rupture patients were within the age range of 52-89 years. This analysis of catheter-related PA rupture yields the following profile of susceptibility: female gender, age, and presence of pre-existing cardiovascular disease; among these reported risk factors, the most notable finding was the increase in occurrence of PA rupture in postmenopausal females. Case report review and analysis indicate a need to further investigate the relationship between factors related to PAC use and PA rupture. Further study to clarify measurable outcomes to delineate what relationship, if any, exists between gender, age and PA rupture in use of PAC appears to be strongly warranted.

OUTCOME OF COLORECTAL SURGERY IN PATIENTS OVER 85 YEARS.

K Azimuddin MD, L Rosen MD, IT Khubchandani MD, J Reed Phd, R Riether MD, JJ Stasik MD. Dept of Surgery, Lehigh Valley Hospital, Allentown PA 18105.

An estimated 5 million in 2000 and growing to 18 million by 2050, people over the age of 85 are the fastest growing segment of the US population. Our purpose was to identify determinants of outcome of major surgery in this group, which tends to have a high incidence of colorectal diseases. Medical records were retrospectively reviewed. 108 patients (mean age 88 years) were operated for carcinoma 63, rectal prolapse 18, diverticular disease 12, others 15. 97% had one or more comorbidities (cardiac 55%, hypertension 50%, dementia 16%, diabetes 13%). Postoperative complications developed in 66% (UTI 21%, arrythmia 18%, delerium [acute confusional state] 14% & pneumonia 7%). Intraabdominal (technical) complications developed in 3 patients (2.7 %) who died. Another 2 died from pulmonary embolism. Increasing age within the group, Goldstein cardiac risk index, Swan Ganz catheter or ICU monitoring were not related to complications. The only preoperative comorbidity associated with complications was dementia, these patients developed pneumonia arrythmia and delirium. Length of stay (mean 10 days) increased with complications. Patients developing pneumonia or delirium stayed longer than those with arrhythmia or UTI. Attention should be focused to prevent UTI, delirium & cardiorespiratory complications. Technical complications were few but invariably led to mortality and should be avoided at all costs in this age group.

Cognitive impairment in elderly patients with heart failure

T Sabatini, P Barbisoni, S Boffelli, R Rozzini, M. Trabucchi
Medical Unit for the Acute Care of the Elderly, (Poliambulanza Hospital) and *Geriatric Research Group*, via Romanino 1, 25122 Brescia, Italy

Objectives. To find a correlation between hemodynamic variables and cognitive decline in old patients affected by heart failure (HF).

Setting. Medical Unit for the Acute Care of the Elderly

Methods. One hundred and nineteen over 65 hospital inpatients (mean age 79.5 years, 67% females), consecutively admitted for HF, were assessed by complete clinical history, physical examination, EKG and echocardiographic-Doppler parameters (ASE). Cognitive impairment is defined when MMSE score is ≤ 24.

Results. Compared with those with preserved cognitive function, patients with cognitive impairment (39.2%) were significantly older (age 83.0 ± 6.5 vs 77.3 ± 7.2, p< 0.001), more comorbid (Charlson index 7.2± 1.6 vs 6.5±1.52, p= 0.033), with higher APACHE score (9.6 ± 5.7 vs 7.5 ± 3.5, p=0.026), more depressed (GDS 4.4±3.4 vs 5.6±3.8, p= 0.094), with lower serum albumin (4.1± 0.6 vs 4.3± 0.5gr/dl, p=0.012), prevalence of atrial fibrillation (n=43; 36%) was higher. Furthermore patients with cognitive impairment had more frequently a lower stroke volume (<60 ml) (50% vs 28% p=0.023). This association retained a significant independent relation to cognitive impairment also after adjusting for above reported variables associated with mental impairment in univariate models.

Conclusion. Results support the hemodynamic hypothesis of the cognitive impairment in patients with heart failure. A reduced stroke volume could be responsible for a reduced systemic and cerebral blood flow and, consequently, for chronic cerebral ischemia.

Change in functional status during hospitalization in older adults is a marker of frailty.

P Barbisoni, T Sabatini, S Boffelli, R Rozzini, M. Trabucchi
Medical Unit for the Acute Care of the Elderly, (Poliambulanza Hospital) and *Geriatric Research Group*, via Romanino 1, 25122 Brescia, Italy

The issue of functional stability or instability (homeostasis) in the context of an ill older adult goes back to the concept of frailty; in this perspective, the inability to remain functionally stable after an acute illness might be the consequence of frailty. We would like to contribute with some personal data to the discussion of the role of function on the outcomes of elderly patients. The study has been done in an ACE Medical Unit (ACE-MU), Poliambulanza Hospital, Brescia, Italy. 606 patients (66% females) were consecutively admitted during a 9 month period. The most prevalent diagnoses on discharge were: heart diseases (19%), chronic obstructive pulmonary disease (18.5%), and GE disease (21.1%). The mean LOS was 6.7±1.8 days.

Changes in functional status was defined as the difference between Barthel score at discharge and on admission; failure to improve was considered as a marker of frailty. Six months mortality was the outcome measure of our analysis.

After controlling by age, sex, and premorbid functional status failure to functional improvement (RR: 2.2, 95%C.I. 1.2-4.1) and comorbidity, as detected by the Geriatric Index of Comorbidity, (RR: 3.3, 95%C.I. 1.6-6.6) were independently associated with greater mortality.

We hypothesize that failure to improve might mirror a broader condition of inability to react to treatment or to act synergistically with the "*vis medicatrix naturae*".

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LATE LIFE DEPRESSION AND MORTALITY CONTROVERSIES AND NEW DIRECTIONS

D. Blazer (Duke Center for the Study of Aging)
Box 3003, DUMC, Durham, NC 27710

PARTICIPANTS

D. Blazer (Duke Center for the Study of Aging) Depression and Mortality in Older Adults: Suggestive Evidence for Multiple Independent Pathways

C. Pieper (Duke Center for the Study of Aging) Modeling the Effects of Depression on Ten-Year Mortality

C.F. Hybels (Duke Center for the Study of Aging) Gender Differences in Subthreshold Depression and Three Year Mortality

DISCUSSANT

D. Evans (Rush Presbyterian St. Lukes) Chicago, IL 60612

Studies of the association of depression and mortality have yielded mixed and at times controversial results. The clear relationship found in studies of younger adults has not been consistently replicated in the elderly. Specifically, the association decreases over time and when control variables known to be associated with mortality in the elderly are entered into multivariate models, the independent predictive value of depression in many studies disappears. In this symposium the investigators present data from the Established Populations for Epidemiologic Studies of the Elderly (EPESE) in North Carolina. First, we provide evidence that the crude association between depression and mortality decreases over time and that the relative odds of the short term relationship decreases as other variables are added to the model (in contrast to other variables which maintain their strength and significance even in controlled analyses). Next we model the effect of depression on ten-year mortality using a proportional hazards model with time varying covariates. In this analysis we conclude that the effect of depression on mortality is complicated by change through time and therefore controlled analyses must account for change in depression scores controlled as well as changes in variables. Finally, we explore gender differences in subthreshold depression and three year mortality. Females with subthreshold depression on the CES-D exhibit a significant reduced risk of three year mortality. Overall, these results suggest that, among the elderly, depression impacts mortality primarily through mediating variables such as smoking, functional impairment and chronic illness. Such complex relationships must be taken into account when examining the association of depression and mortality specifically by adjusting for change scores in the depression and control variables over time. Of especial interest: depression (as measured in epidemiologic surveys) may not be uniformly adverse, for at subthreshold levels the report of depressive symptoms may be protective.

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NURSING CARE OF OLDER ADULTS INTEREST GROUP SYMPOSIUM: UTILIZATION OF NURSING RESEARCH: CREATING MONUMENTAL IMPROVMENTS IN PRACTICE

CONVENERS:

Mathy Mezey, Terry Fulmer Hartford Institute for Geriatric Nursing, New York University, Division of Nursing, NY, NY 10012

Diane Mahoney HRCA Research and Training Institute, Hebrew Rehabilitation Center for Aged, Boston, MA

Tamara Zurakowski LaSalle University, School of Nursing, Philadelphia, PA 19141

CHAIR:

S. Picot (University of Maryland, School of Nursing, Baltimore, MD. 21201) Overview

PARTICIPANTS:

N.I. Bergstrom (University of Texas-Houston, Health Sciences Center, Center on Aging, Houston, TX, 77225) Changes in Pressure Ulcer Prediction and Prevention

S. Picot (University of Maryland, School of Nursing, Baltimore, MD. 21201) Sociophysiological Influences on Blood Pressures of Black Female Caregivers

N.E. Strumpf (University of Pennsylvania School of Nursing, Philadelphia, PA 19104) Building an Evidence Base for Restraint Free Care and Changing Practice

T.J. Wells (University of Wisconsin-Madison, School of Nursing, Madison, WI 53792) Development of a Urinary Incontinence Research Program in Geriatric Nursing

DISCUSSANT:

P.M. Barber, Evercare New York, New York, NY

RESPONDENTS:

M. Bourbonniere, University of Pennsylvania School of Nursing, Philadelphia, PA 19104

C. Lyder, Yale University, School of Nursing, CT

N. Watson, University of Wisconsin-Madison, School of Nursing, Madison, WI 53792

Nurses have always been central to health care and are increasingly significant caregivers to their patients. It follows that nurse researchers are most interested in findings that can be incorporated into nursing practice. Likewise, nurses involved in clinical practice are becoming more knowledgeable of the body of scientific studies available and are utilizing the results of these studies to influence their practice.

This symposium highlights four research initiatives by established nurse researchers and demonstrates how their research impacts on assessment, prediction, prevention, improved quality of care, and overall improved patient outcomes related to nursing practice. Junior researcher discussants will focus on ongoing efforts to build on the work of the established researchers presenting. A respondent from Evercare New York will discuss how Advanced Practice Nurses utilize research in their practice.

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GRECC Symposium Abstract
GSA Nov. 2000

Dementia: Issues in Quality of Life

Gerald Rothstein, M.D., SLC VAMC GRECC,
SLC UT 500 Foothill Blvd. SLC UT, 84148

Participants:
Ladislav Volicer, M.D. Ph.D. (Boston GRECC, Bedford Division) Impact of Medical & Psychiatric symptoms on the quality of life in those with dementia

Scott Trudeau, O.T. (Boston GRECC, Bedford Division) Improvement in quality of life in those with dementia through meaningful activities

Byron Bair, M.D. (SLC GRECC), Impact of disruptive behaviors on medical outcomes in those with dementia

Melitta Maddox, R.N.CNS MSN, (Minneapolis GRECC) Maintaining a quality life through the decline of dementia

Quality of life is an important factor in the care of all patients. The notion of quality of life is broad and encompasses many aspects. Important aspects of quality of life include participation in pleasurable activities, burden of medical and psychiatric symptoms, behavioral problems, and functional capacity. These aspects of quality of life ~~affect not only the person with dementia but also those that~~ take care of them and supervise them. We are learning how to pay close attention to these and other factors that impact the personal experiences of persons with dementia. Insights about the factors that impact personal experiences of those with dementia allows us to make interventions designed to enhance dignity, provide comfort and improve the quality of health care. This symposium will focus on research done in various GRECCs concerning different aspects of quality of life in those with dementia.

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INFORMAL CARE PROVISION AND DEPRESSIVE SYMPTOMS IN THE NURSES' HEALTH STUDY

C.C. Cannuscio[1], E.B. Rimm[2, 3, 4], C.P. Jones[1, 2], L.F. Berkman[1], T. Glass[1], G.A. Colditz[2, 4], I. Kawachi[1, 4]
1-Dept. of Health & Social Behavior, Harvard School of Public Health (HSPH); 2-Dept. of Epidemiology, HSPH; 3-Dept. of Nutrition, HSPH; 4-Channing Laboratory, Dept. of Medicine, Harvard Medical School & Brigham & Women's Hospital, Boston, MA.

In a group of 61,381 women, ages 46-71, who responded to the 1992 Nurses' Health Study questionnaire, we investigated the association between informal care provision and depressive symptoms. We examined variation by relationship to care recipient, time commitment, and perceived stress/reward. We assessed depressive symptoms using the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36).

We observed a dose-response relation between weekly hours of informal care involvement and depressive symptoms (p-trend<.0001). Compared to women who reported no caregiving, those who reported high spousal care time commitment (73+ hr./wk.) were almost four times more likely to exhibit depressive symptoms (multivariate OR = 3.8; 95% CI 3.0, 4.8). The association between 73+ weekly hours of care to a parent and depressive symptoms was not as strong (multivariate OR = 1.9, 95% CI 1.4, 2.4). High care-related stress predicted increased depressive symptoms, while high reward was inversely related to depressive symptoms.

Long-term care planning must adress the health risks faced by informal caregivers. BSS-7 Caregivers' health

EXPLORING THE RELATIONSHIPS BETWEEN DEPRESSION AND OTHER OUTCOMES OF CHRONIC ILLNESS CAREGIVING

P. Tsai[1] & M. Jirovec[2]. [1] University of Arkansas for Medical Science, 100 plaza west, 415 McKinley, Suite 280, Little Rock, AR 72205. [2] Wayne State University, 5555 Cass, Detroit, MI 48302

The purpose of this study was to investigate the relationship between depression and other outcomes, such as physical function, self-esteem/mastery and marital satisfaction, of chronic illness caregiving among 335 and 271 subjects from the American Changing Lives (ACL) Survey: Wave 1, 1986 and Wave 2, 1989. A Theory of Caregiver Stress based on Roy's Adaptation Model was developed. The results of structural equation modeling showed that the overall fit of the hypothesized model was below acceptance (X^2=237.22; d.f.=73; GFI=.89; AGFI=.84; RNFI=.85) and was then revised by the specification search procedure. The resulting final data-derived model had a good fit to the data (X^2=147.73; d.f.=74; p=.00; GFI=.93; AGFI=.90; RNFI=1.00), and was close to that of the measurement model, with an insignificant difference (ΔX^2 =33.58; Δ d.f.=34; p>.05). In other words, the final data-derived model was able to predict caregiver stress, while reproducing the goodness-of-fit of the measurement model. The results revealed that depression was a significant predictor of self-esteem and marital satisfaction in caregivers and was the immediate outcome of caregiver stress. Whether depression resulted in deteriorated physical health among caregivers need to be further validated.

POSITIVE APPRAISAL OF CARE, CAREGIVER WELL-BEING, AND WILL TO CONTINUE CARE

N Yamamoto-Mitani, K Ishigaki, N Kawahara, M Kuniyoshi, K Hayashi, K Hasegawa, C Sugishita, Department of Family Nursing, Faculty of Medicine, The University of Tokyo, 7-3-1 Hongo, Bunkyo, 113-0033, Japan

The purpose of the present study is to examine the relationship between positive appraisal of care and caregiver well-being (caregiver quality of life (QL), perceived worth of living (WL)) and willingness to continue care among Japanese family caregivers of the elderly. Subjects of this study include 60 male (husband and son), 95 wife, 95 daughter, and 72 daughter-in-law caregivers of an elderly person in multiple areas of Japan. The WHO-QOL 26 is used for QL measurement, four newly-developed items for the WL, and a single item for willingness to continue care. Positive appraisal of care (PAC) is measured using a newly-developed instrument that incorporates four dimensions (relationship satisfaction, caregiving efficacy, consequential gain, and normative satisfaction). The relationship is examined by stepwise multiple regression for each type of caregivers, using well-being and willingness to continue care as dependent variables, and demographic and contextual variables as well as the PAC as independent variables. The results show that caregiver outcomes were influenced by different dimensions of the PAC depending on the type of relationship between the caregiver and the elderly.

CAREGIVER BURDEN AND DEPRESSION IN A SAMPLE OF FAMILY-CAREGIVERS OF ELDERLY STROKE PATIENTS IN JAPAN

T. Morimoto, A. Schreiner, H. Asano
Hiroshima International University Faculty of Health Sciences, Kurose-cho, Kamo Gun
Hiroshima Ken, Japan 724-0695
t-mori@hs.hirokoku-u.ac.jp

Recent changes in health policy have led to a growing concern over the needs of family caregivers. However, there is still very little research on caregiver burden among stroke caregivers in Japan. The present study interviewed (Zarit Burden Interview) 70 home-dwelling caregiver/recipient pairs at 7 outpatient rehabilitation clinics in Japan in 1999 and 2000 (caregivers: 74% female, $\bar{x}$ age 61, 54% high school education, and 65.4% spouses). In contrast to factor analysis with dementia samples, personal and role strain items loaded on 1 factor and a separate factor emerged with items regarding not doing enough for relative or not doing a good enough caregiving job. The greatest burden reported was relatives' dependency. Burden was positively related to $\bar{x}$ daily caregiving hours and to depressed mood (Geriatric Depression Scale: GDS). 53.6% of caregivers scored >6 on the GDS yet only 2 subjects were currently being treated for depression.

FACTORS ASSOCIATED WITH FAMILY CAREGIVERS' BURDEN AND DEPRESSION IN KOREA

Hyunsook Yoon, Graduate School of Social Welfare, Hallym University, Chunchon, Kangwondo, Korea 200-702

This research determines the relative effects of functional impairment, cognitive impairment, and duration of care (stressors) on caregivers' burden and depression, and to identify the factors that influence this relationship. The variables were entered individually, based on a logical order in the path modeling. The sample consisted of 311 caregivers who were providing care to elderly with functional and/or cognitive impairment. The results of the path analysis shows that the level of functional impairment had direct effect on caregiver depression, and also indirect effects through impact on schedule, impact on health, and sense of entrapment. The effects of cognitive impairment and duration of care were primarily indirect. The effect of the caregiving stressors on caregiver burden was similar to the effect of the stressors on caregiver depression. The functional impairment had direct effects to impact on schedule, impact on health, and sense of entrapment. Cognitive impairment had also direct impact on sense of entrapment. Duration of care did not affectc caregiver burden directly, but did so indirectly, through emotional support to impact on finances, feelings of abandonment, and impact on health. The only resourcevariable that had a substantial and significant mediating effect on the relationship between stressors and caregiver burden and depression was the emotional support. These findings have implications for the delivery of social services, specifically for targeting health monitoring, financial support, and family counseling services.

CAREGIVER BURDEN AND HEALTH RELATED QUALITY OF LIFE (HRQOL) IN A SAMPLE OF FAMILY-CAREGIVERS OF POST-STROKE ELDERLY IN JAPAN

A. Schreiner, T. Morimoto, H. Asano
Hiroshima International University Faculty of Health Sciences, Kurose-cho, Kamo Gun
Hiroshima Ken, Japan 724-0695
a-streit@hs.hirokoku-u.ac.jp

This is the first study to examine the effects of caregiving on the HRQOL(SF-12)of family caregivers of post-stroke patients in Japan. 70 randomly selected caregiver/ recipient pairs at 7 outpatient rehab clinics were interviewed in 2000. Burden(Zarit Burden Interview) was positively and significantly related to $\bar{x}$ daily caregiving hours but not to education or Barthel score or presence of a sub-caregiver. 64.7% of caregivers were currently under treatment for a medical condition. Only 42.3% of caregivers reported their health as "good" compared to 63% of care-recipients. Increased burden was significantly related to lower mental health, lower physical and emotional role functioning, decreased social functioning, and increased pain. Sample demographics and other findings on caregiver needs will be reported.

THE RELATIONSHIPS BETWEEN THE FUNCTIONAL LEVEL OF STROKE PATIENTS AND THE CARE BURDEN OF THIR FAMILY CAREGIVER, JAPAN

Michiko Yuki (Miyagi University, 1 Gakuen, Taiwa-cho, Miyagi 981-3298, JAPAN), T. Iwava, Y. Sato, K. Watanabe, T. Kamegava & F. Tozato

Stroke is the third leading cause of death and the leading cause of adult disability in Japan. The purpose of this study was to identify the relationships between the functional level of stroke patients and care giving burden of primary family caregiver. Subjects were 91 stroke patients discharged from A long-term care facility and 91 their primary family caregivers. The functional level of patients was measured by the Barthel Index(BI) and the Geriatric Depression Scale(GDS). Activities of Daily living(ADL) of caregiver was assessed by the Tokyo Metropolitan Institute

Index (TMIG) and the Care burden Scale by Zarit was employed to assess the care giving burden of each caregiver. With multiple regression analysis , the result showed that level of patients ADL and the number of family affected the care burden of care giving family.

Social Support, MASTERY OF STRESS, DEMANDS OF ILLNESS AND WELL-BEING IN PERSONS WITH PARKINSONS DISEASE AND THEIR FAMILY CAREGIVERS.

C. L. Lindgren, Wayne State University, Detroit, MI, 48202.

Parkinsons disease (PD) requires years of illness management. The purpose of this study was to examine, and compare between the dyad members, afflicted individuals (AFs) and caregivers (CGs) the relationships among social support, stress mastery, demands of illness and wellbeing. The study was conceptually guided by McCubbin's model of family adaptation. Thirty-two AFs and 32 CGs participants were individually interviewed. Instruments were: Demands of Illness Inventory; The PRQ-85 social support questionnaire; the Mastery of Stress Instrument (MSI); The SF-36 Health Survey. The AFs and CGs significantly differed in their levels of social support, health, and stress mastery. Demands of illness of AFs and CGs were best predicted by stress mastery and social support. Interaction of these two predictors did not contribute to the variance. Stress mastery and social support were also predictors of physical and mental components of levels of health for only the AF. For CGs, only the mental health component was related to stress mastery and social support predictors. Addition of demands of illness to the regression did not change the variance in the health variables. In all of the models, stress mastery contributed more of the variance than the social support. AFs and CGs internal abilities to cope as stress mastery seems to have a significant role in meeting illness demands. Help from outsiders does not significantly improve their situation. Findings provide direction for model development for further testing.

ASSISTING FAMILY CAREGIVERS OF PERSONS AGING WITH A DISABILITY

M.P. Aranda, B. Kemp, B., Adams, D. Ettleson, J. Robles, Y. Esparza. School of Social Work, University of Southern California, MRF, #214, Los Angeles, CA 90089

Emerging changes in the health and functional status of persons disabled at earlier ages can affect the type and intensity of the person's ongoing care needs in later life. Little is known regarding the degree to which family caregivers are affected by these changes. The study employed a semi-structured survey of 54 caregivers in Los Angeles County (Rancho Los Amigos National Rehabilitation Center) to identify health changes in the care recipient, changes in the caregiver's functioning, and skills and resources needed to enhance the caregiver's ability to provide assistance. Caregivers were more likely providing care to spouses with post-polio syndrome, early onset stroke, and spinal cord injury. Although they were concerned about functional changes in the care recipient and changes in their own social lives, they also expressed satisfaction and positive rewards in their caregiving role. Spirituality was reported as a major coping strategy. Resource topics included management of pain and fatigue, navigating the health care system, and problem solving. Special issues arose as a function of caregiving across diagnostic groups. The results will be used to develop a structured class series for family care providers of persons aging with chronic disabilities.

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Description of the Health Status of Caregivers from the Longitudinal EPESES Study.

L.M. Allen-Holmes, Univ. of Texas - Houston - SON, Houston, TX 77030; K. Markides, & D. Chiriboga, Univ. of Texas Medical Branch, Galveston, TX 77555.

The primary purpose of the Hispanic EPESE study was to provide estimates of the prevalence of key health conditions (physical and mental) and functional impairments in older Mexican Americans and compare this prevalence with that in older populations. The purpose of this secondary analysis was to determine factors predicting the physical and mental health of respondents, who at Time 1 indicated involvement in informal caregiving. Of the 3050 subjects from the primary study, 244 (8%) were identified as caregivers. Demographics of the study sample reveal a *M* age of 72 years (range 65 to 97 years), gender as primarily female (64%), and respondents mostly married (59%). Multiple regression analyses were preformed with overall health and C-ESD scores (dependent variables), age, gender, marital status, education income, ADL scores, IADL scores, self-esteem, and life satisfaction, (independent variables). Thirty four percent of the variance in depression scores was explained by age, life satisfaction, self-esteem, yearly household income, and the degree of dysfunction in the areas of ADLs and IADLs (F[8, 181] = 11.09, p = ≤ .0001). Eighteen percent of the variance in overall health (F [8, 181] = 5.00, p = ≤ .01) was accounted for by life satisfaction, yearly household income, IADLs, and marital status. Discussion will include other salient characteristics of this sample as well as dialogue related to results obtained when the equation was used in other ethnic groups.

DO RACIAL DIFFERENCES IN THE USE OF FORMAL HOME CARE SERVICES IMPOSE CONSEQUENCES FOR INFORMAL CARE?

Shelley I. White-Means and Rose M. Rubin, Department of Economics, Fogelman College of Business & Economics, University of Memphis, Memphis, TN 38152

White older persons are more likely than black older persons to seek help from formal, market-purchased sources of home care. These racial differences may be related to differences in chronic health conditions and/or socio-economic characteristics. However, if these racial differences are caused by barriers to use of formal home care, then they may also impose unexpected consequences for the use of informal care.

Using the 1994 National Long Term Care Survey, we 1) estimate logit regression models (stratified by race) of the impacts of chronic medical conditions and socio-demographic characteristics on formal caregiving; 2) apply the Oaxaca decomposition technique to determine unexplained racial differences in use of formal care; and 3) use the measure of the unexplained difference in formal caregiving in estimating a logit model of informal caregiving among blacks.

For blacks, diabetes is a significant determinant of formal home care use. For whites, joint and heart conditions and high ADLs increase formal home care use. For both racial groups, dual-eligibility, and increases in age and education are associated with greater use of formal home care. The unexplained racial difference in formal home care use results in a generally unexpected lower use of informal care among blacks. Thus, racial disparities in access to formal caregiving reduce total care received by vulnerable black older persons.

FAMILY COHESION AMONG AFRICAN AMERICAN CAREGIVERS WHO CARE FOR DEPENDENT ELDERS

I.S. Canty and P. Dilworth-Anderson.
Department of Human Development and Family Studies, PO Box 26170, University of North Carolina at Greensboro, Greensboro, NC 27402-6170

Some research suggests that close ties and strong social support systems in African American families are decreasing as the number of dependent family members on both ends of the life cycle increase (Roschelle, 1997). Other research continues to report that close kinship ties exists and strong cohesive family bonds support the effort of informal caregivers that care for dependent elders in the family (Taylor, Chatters, and Jackson, 1993). The purpose of the present study was to determine whether primary caregivers (N=187) had cohesive family structures, and if so, what were the best predictors of family cohesion. Caregivers were given a 9-item Family Cohesion Subscale (Moos, 1974) that measured the degree of commitment, help, and support family members provided for one another. The highest possible score on the scale was 10; the mean score for caregivers in this study was 7.6. Regression analysis (Adjusted R-square = .19) show that caregivers with strong cultural beliefs and values, those who received the help they needed and were satisfied with it, and those with the highest levels of physical health, had the highest level of family cohesion.

SELF-EFFICACY IN DEMENTIA CAREGIVING: THE INFLUENCE OF CAREGIVER ETHNICITY, AGE, INCOME, EDUCATION AND DEPRESSION.

L. Burgio, D. Gallagher-Thompson, D. Roth, D. Coon, L. Thompson, A. Stevens, D. Guy, Applied Gerontology Program University of Alabama, VA Medical Center, Palo Alto, CA.

Self-efficacy theory holds significant promise for explaining variability in family caregivers' (CGs) ability to cope with the chronic demands of dementia caregiving. We examined baseline self-efficacy data from two of our REACH sites (Palo Alto, CA and Birmingham, AL). REACH is an NIA/NINR-funded cooperative agreement examining interventions to alleviate the burdens of dementia caregiving. Ethnicity is a major focus of REACH. The California site included Whites and Hispanic; the Alabama site included Whites and African-Americans. Only female CGs were included in the analyses (N=369) and site was examined separately. A confirmatory factor analysis confirmed a 3-factor model established by Steffen et. al, (2000) on a 14-item scale (CFI=.94). Multiple regression examined the influence of ethnicity, site, age, income, and education of CG, and depression (CES-D). Results show an effect for ethnicity ($p < .0001$), site ($p < .002$), age ($p < .0001$) and depression ($p < .0001$). Hispanic CGs report higher self-efficacy than Whites; Alabama CGs report higher self-efficacy than California CGs, older CGs show poorer self-efficacy; and higher depression scores were associated with poorer self-efficacy. Income and education were not significant predictors in the model.

PREDICTORS OF NURSING HOME PLACEMENT IN WHITE AND AFRICAN AMERICAN INDIVIDUALS WITH ALZHEIMER'S DISEASE

A. Stevens, J. Owen, D. Roth, O. Clay, A. Bartolucci, University of AL at Birmingham, Birmingham, AL., W. Haley, University of South Florida, Tampa, FL.

Individuals with Alzheimer's disease (AD) are at high risk for nursing home placement, with predictive models suggesting placement to be related to the patient's cognitive, functional, and behavioral characteristics, as well as the caregiver's appraisal of the caregiving role. In the general population, African Americans (AA) have historically been significantly less likely to be placed than Whites, although recent figures suggest this difference is diminishing. Using survival analysis techniques, we examined the influence of race on time to placement in a longitudinal sample of 54 AA and 115 White AD patients, in which 46 patients had been placed (8 AA, 38 White). AA patients were placed at a slower rate than white patients ($p < .008$). The significant difference in time to placement was maintained after controlling for patients' cognitive, functional, and behavioral status, caregiver social support, stress appraisal, coping responses, and the ages of the patient and caregiver. Of these variables, only patient age was independently related to time of placement. After adjusting for SES status (represented by the Nam Powers Occupational Status score), AA/White group membership failed to reached the .05 level of statistical significant, but remained a powerful predictor of placement. Discussion will focus on the relative strength of race as a predictor of placement, the contributions of SES status on placement, and recent findings that suggest changes in AA placement rates.

DEMENTIA CAREGIVING AND ETHNICITY: AFRICAN AMERICAN DEMENTIA CAREGIVERS AND THE SOCIOCULTURAL STRESS AND COPING PROCESS

T.J. McCallum & B. Knight, Andrus Gerontology Center, University of Southern California, Los Angeles, CA 94704

Studies examining African American dementia caregivers indicate that this group reports lower levels of burden than do other ethnic groups. Theories put forth to explain these findings have themselves found no differences in stress process models of dementia caregiving in relation to negative outcomes (burden or depression). Several authors have suggested that aspects of African-American culture are responsible for these differences. A sociocultural stress and coping framework allows for thorough examinations of the cultural mechanisms that may underlie ethnic differences in caregiving outcomes. In this project active, faith-oriented and disengaged coping styles are examined as aspects of African American culture. Significant differences were found between African American and White female dementia caregivers (N=70), with the former group employing more faith-oriented coping.

THE ROLE OF RELIGION IN THE LIVES OF AFRICAN AMERICAN AIDS CAREGIVERS

D.R. Brown, Urban, Labor and Metropolitan Affairs; A. Sankar, Department of Anthropology, Wayne State University, Detroit, MI 48202.

HIV/AIDS is often stigmatized in African American communities, especially among older African Americans because transmission is associated with behaviors disapproved by African American religious institutions. As a result, persons with AIDs or their caregivers may be reluctant to seek assistance and support from their religious institutions. The purpose of this presentation is to examine the extent to which African American AIDs caregivers have utilized religious involvement to help them in their caregiving. Data come from survey instruments and qualitative interviews with 88 African American AIDs caregivers. This analysis examines the caregivers' receipt of church-related support and satisfaction with that support. In a multivariate analysis, additional measures of both public and private religious involvement are used to assess their association with caregivers' level of depression and overall quality of life.

HISPANIC CULTURE, ACCULTURATION, AND DISTRESS AMONG CAREGIVERS OF DEMENTIA PATIENTS

Gia S. Robinson & Bob G. Knight, University of Southern California, Andrus Gerontology Center, Los Angeles, CA 90089

Early multivariate models of the stress and coping process have failed to include the influence of ethnicity and culture in explaining caregiver distress. The purpose of this study is to determine which elements of Hispanic culture are associated with increasing acculturation, and which cultural variables, if any, predict depressed mood and burden among Hispanic caregivers of dementia patients. Forty-eight Hispanic caregivers of dementia patients aged 24 to 85 (mean age = 58, SD = 13) were identified in community agencies, and interviewed by telephone using a survey questionnaire that assessed acculturation, familism, marianism, fatalism, and distress. Results indicate that of the three cultural values, only familism was significantly associated with Anglo cultural identification ($r = -.430$, $p = .002$). No cultural values were significantly associated with Hispanic cultural identification or with depressive symptoms. However, familism was significantly associated with burden ($r = -.291$, $p = .044$). In multivariate regression models, familism appeared to be a predictor of burden in addition to socio-economic status and acculturation. The findings from this study indicate that familism is a protective factor against burden and it erodes with acculturation to Anglo cultural values. Research efforts should focus on developing interventions for Hispanic caregivers that help them reconnect with their familism values.

ROLE OF FAMILISM ON EXCHANGE OF SUPPORT BETWEEN FRAIL ELDERS AND CAREGIVERS: COMPARISON OF THREE ETHNIC GROUPS

V. Calderón-Rosado, National Center on Women and Aging, Brandeis University, Waltham, MA 02454

Ethnic minority groups often have been said to be more familistic than European Americans, and thus to perform more family care of frail elders. This study examined familism among three ethnic groups: Puerto Ricans, African Americans and European Americans (n=409) to determine its effect on types of exchange of support between frail elders and their primary informal caregivers in these three ethnic groups. Findings from the interview questionnaire showed that Puerto Ricans and African Americans were more familistic than European Americans. However, familism was significantly associated with any type of exchange only for the Puerto Rican group, controlling for other variables. Living arrangement and relationship, functional disability and socioeconomic status were significantly related to different types of exchange of support. Finally, European American caregivers received more support of any type than Puerto Ricans and African Americans, indicating unbalanced exchanges for the ethnic minority groups, which might have negative consequences in their well-being and ultimately in the dyadic relationship. Practice and policy implications of the findings are discussed.

Family-Connected Filial Caregiving by Asian American Women

P. S. Jones, X. E. Zhang, K. B. Jaceldo, School of Nursing, Loma Linda University, Loma Linda, CA 92350

Asian Americans are considered the model minority group who assume full responsibility for their elders without outside help. Few empirical studies of filial caregiving by Asian Americans have been reported. Grounded theory analysis of transcribed interviews with 22 Chinese American and 19 Filipino American women caregivers is included in this report. Open, axial and selective coding of interview data revealed a process of family-connected caregiving for aging parents by women in these ethnic groups. Contextual conditions in which the caregiving is provided included multiple roles and time restraints, conflict between parents and children related to differences in acculturation, and lack of appropriate community resources. Strategies the caregivers used to manage the caregiving included negotiation with family members, strict management of time and energy, religious faith, and inner strength or endurance. Determination to manage the caregiving within the family stems from a deep sense of responsibility, love and gratitude for what the parent has provided in the past, a belief that life is hard, that a strong person will be able to endure, and that rewards come to those who honor their parents in old age. Consequences of the caregiving included a strong sense of achievement to have avoided nursing home placement, to have honored their parents, and to have no regrets about how they handled their filial responsibility. Culturally appropriate methods of supporting family-connected caregiving need to be developed.

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ISSUES IN CAREGIVER STRESS AND SUPPORT

M. Haug, C. Musil, C. Morris, and C. Warner
Case Western Reserve University, 10900 Euclid
Avenue, Cleveland, Ohio 44106

Caregivers' health effects resulting from support from the physician of the elder being cared for has been rarely studied. Both cardiovascular and muscular-skeletal health of 99 caregivers was evaluated by professional physical examinations rather than by self-assessments. These physical health evaluations were provided by nurse practitioners whose skills are similar to those of physicians in general practice. The findings indicated the adjusted R^2 for cardiovascular health was .37 after regressions including time 1 to time 3 changes in stresses, service utilization, and doctor support, which was greater than the R^2 for muscular-skeletal health of .30 in an identical equation. Nevertheless, demographic characteristics of race and education increased the R^2 to .49 and .38 respectively. The conclusion is that support to an elderly person's caregiver from that elder's physician is more important in cardiovascular than muscular-skeletal conditions of their caregivers. It may be that heart problems are perceived as more serious than arthritis-type complaints among caregivers of the elderly, since the latter may be considered as the expected effects of aging.

IMPAIRED CAREGIVING: THE IMPACT OF SELF ESTEEM, BURDEN OF CARE AND COPING STYLE ON DEPRESSION OUTCOMES IN CAREGIVERS OF COMMUNITY RESIDING ALZHEIMERS PATIENTS

G. Paveza, C. VandeWeerd, & D. Bruschi, School of Social Work, University of South Florida, Tampa, FL.

The role of caregiving to persons with Alzheimers Disease is one of great stress. Factors such as self esteem, burden of care, and coping style have been suggested in the literature as leading to maladaptive coping and in extreme circumstances elder abuse. This study represents a preliminary analysis of 50 caregivers taken from the state wide Aggression and Violence in Community Based AD Families Grant project during the years 1998-1999. Data on age, gender, ethnicity, religion, relationship to patient, level of self esteem, coping style and depression outcomes were collected through the use of both in-person interviews and a mailed questionnaire. Rates of depression were found to be higher in AD family caregivers than in the general population. 24% of the caregivers were depressed as measured by a scale of 16 or greater on the Center for Epidemiologic Depression Scale (CES-D). Logistic Regression analyses indicated that persons with high levels of depression were significantly more likely to have low self esteem ($p=.0045$), and to use negative forms of coping such as sulking or refusing to talk about a problem with the patient ($p=.0032$). No significant relationship was found between amount of assistance provided and depressive outcomes, though perceived burden of care as identified by the Caregiving Hassels Scale was found to be significantly related to depression ($p=.0271$). .Implications of these findings will be discussed in terms of previous findings and in terms of future directions for research and practice.

Factors Affecting Emotional Health Of Dementia Caregivers: Evidence From The National Caregiver Study

E.C. Clipp – L.K. George – M.E. Doyle – K.M. Stechuchak
VA (GRECC and HSR&D) and Duke University Medical Centers, 508 Fulton St., Durham, North Carolina 27705

In the last two decades, the majority of caregiving research on dementia home care has focused on emotional health consequences. Findings from these studies generally conclude that caregiving constitutes a chronic stress that negatively affects caregivers' emotional health. Less well known, however, are the antecedents of this pervasive outcome. This study begins with the assumption that dementia caregivers are at high risk for emotional health problems, and aims to delineate how and under what conditions this downward spiral occurs. Data come from the baseline sample (N=2,278) of the National Caregiving Longitudinal Study, a 4-year study of cost and QOL among dementia home care providers in the 48 contiguous states. Our model hypothesizes a five-stage 'process,' in which caregivers with various characteristics (Stage 1: age, education, race, relationship to care recipient) experience role-related stressors (Stage 2: task demand, dependency level, dementia problem behaviors, co-morbid conditions in addition to dementia). The stressors are experienced under various objective conditions (Stage 3: caregiver income, tangible assistance, and caregivers' medical conditions), all of which variously shape caregivers' subjective appraisals of their situations (Stage 4: perceived health, subjective social support, perceived adequacy of financial resources, satisfaction with social life). These subjective effects are key influences on caregivers' emotional health (Stage 5: life satisfaction, depression and stress symptoms). The path model is notably robust, accounting for 31%, 45%, and 50% of the variance in caregiver life satisfaction, depression, and stress symptoms, respectively.

GENDER DIFFERENCES IN HEALTH OUTCOMES FOR SPOUSE CAREGIVERS IN ALZHEIMER'S DISEASE: THE ROLES OF NEUROTICISM AND BURDEN.

E.H. Nasser, M.E. Strauss, M.M. Neundorfer, K.A. Smyth, M.J. McClendon
Alzheimer's Center and Department of Psychology, Case Western Reserve University, Cleveland OH 44106-7132

Gender has been found to be an important variable in predicting health outcomes among caregivers. Personality factors such as neuroticism also explain significant variance in caregiver distress. Recent research suggests that gender differences may reflect personality variance. This study examined the direct effect of gender and personality on health outcomes among spousal caregivers for persons diagnosed with Alzheimer's Disease. The effect of gender and personality on health outcomes as moderated by social support and burden were also examined. Caregivers were 55 men and 78 women.

The results of the hypothesized structural model using neuroticism as the prime determinant suggested a good fit (CFI=.989, NFI=.975). For females, higher neuroticism was significantly related to more reported burden and worse physical and mental health. For males, higher neuroticism related to lower social support, more burden and worse mental health. For both females and males, burden moderated the affect of neuroticism on mental health. Higher burden was associated with worse physical health for females than males. No other gender differences were found.

This study supports the association between high neuroticism and poor mental and physical health outcomes for male and female spouse caregivers. Gender differences in health appear related to the experience of burden rather than personality variance.

CONTRIBUTORS TO AND MEDIATORS OF SELF-RATED HEALTH STATUS FOR FAMILY CAREGIVERS TO COGNITIVELY IMPAIRED SENIORS.

Neale R. Chumbler, N. FL/S. GA VA & Institute on Aging, Department of Health Policy & Epidemiology, College of Medicine, University of Florida, PO Box 100177, Gainesville, FL 32610-0177; Marisue Cody & Cornelia K. Beck, University of Arkansas for Medical Sciences.

This study examined the influence of primary stressors (cognitively impaired elders' level of memory impairment and physical impairment) on family caregivers' self-rated health status and the extent to which coping mechanisms and role overload have a mediating effect on family caregivers' self-rated health status (SRHS). The coping mechanisms consisted of the following: 1) Antonovsky's *Sense of Coherence* (SOC), 2) Pearlin et al.'s *managing the situation* and *managing the meaning of the situation* coping responses, and 3) use of in-home formal services. To test these ideas, this research used data collected from a sample of cognitively impaired older adults (age 70 and over) and their family caregivers. Hierarchical logistic regression was used to separate the direct and indirect effects of the primary stressors, coping mechanisms, and SRHS. To separate direct and indirect effects, the authors categorized various predictors as being related to the caregiving context, primary stressors, coping mechanisms, and role overload and the categories were sequentially incorporated into a series of equations. The strongest direct predictors of poorer SRHS were caregivers who: 1) were older; 2) attained lower education; 3) were African American; 4) had lower SOC; and 5) had higher role overload. Findings further indicated that the level of memory impairment was related to poorer SRHS indirectly through the associated levels of SOC and role overload. These findings can be employed to enlighten the model of practical caregiver interventions.

DIFFERENTIAL IMPACT OF CAREGIVING ON FAMILY MEMBERS OF DEMENTIA PATIENTS.

A.C. Coyne. UMDNJ - University Behavioral HealthCare and Robert Wood Johnson Medical School, Piscataway, NJ 08855

The present investigation examined the extent to which caregiving differentially impacts adult child vs. spouse caregivers of dementia patients at the point of initial evaluation. Three measures of caregiver distress were administered to family members of patients. A total of 133 caregivers completed the Zarit Burden Interview, the Beck Depression Scale, and the Zung Self-Rated Anxiety Scale. The group of caregivers was comprised of 74 (55.6%) adult children and 59 (44.4%) spouses; 61.7% of caregivers were female. On average, adult children were caring for significantly older patients (81.1 yrs) than were spouses (71.7 yrs), F(1,132) = 44.15, p < .0001. There were no differences in Mini-Mental State Exam scores across groups, F(1,132) = 0.00, p > .05; scores for patients cared for by adult children were 17.94 (±5.2) and for those in care of spouses, 17.88 (±7.7). There were no group differences in measures of Activities of Daily Living (3.6 ±1.9) or Instrumental Activities of Daily Living (3.3 ±2.0), p's > .05.

In terms of caregiver distress, adult children and spouses did not differ on the basis of depression or anxiety, p's > .05. However, Zarit Burden Interview scores (covaried for group differences in patient as well as caregiver age) did show a significant main effect of group, F(1,132) = 6.24, p > .0005. Mean Zarit scores were 38.7 (±13.7) for adult children and 28.9 (±13.8). This finding is of interest as it demonstrates that even at the point of initial evaluation for cognitive impairment, adult children may be less able to cope with caregiving than spouse caregivers.

ASSESSING ALZHEIMER'S FAMILY CAREGIVERS APPRAISALS OF WELL-BEING

J. Machemer, L.N. Gitlin, L. Winter, A. Boyce, A. Murray, S. Schinfeld, M. Corcoran, & W. Hauck.
Thomas Jefferson University, Philadelphia PA 19107.

Caregiver (CG) appraisal of dementia care has been shown to be significantly related to CG well-being. However, few measures assess caregivers' perceptions of change in their ability to manage day by day. The Perceived Change Index is an investigator-developed 13-item index measuring a caregiver's sense of change in domains related to affect and mastery. It was administered to 219 caregivers of persons with Alzheimer's or other dementia participating in the Philadelphia REACH project. Psychometric analysis yielded three underlying factors with acceptable internal consistency: perceived change in emotional status (Cronbach's alpha = .89), somatic symptoms (alpha = .81), and personal control (alpha = .76). The index was associated with lower depression (r = -.44), greater caregiver mastery (r = .26), and greater self efficacy for handling care recipient's behavioral problems (r = .45). Preliminary psychometric analyses show adequate internal consistency of the index and that measured attributes are related to standard measures of well-being. (Study funded by NIA #AG 13265).

EFFECTS OF CAREGIVING AMONG OLDER HUSBANDS

K.A. Barnes, J.H. Patrick, West Virginia University, POB 6040, Morgantown, WV 26506

Male caregivers have often been overlooked within caregiving studies. A growing percentage of male caregivers is expected given increased life expectancies, cultural changes, and demographic shifts. According to the literature, female caregivers demonstrate less positive well-being, more negative well-being, and compromised physical well-being. However, the literature also suggests that social support may improve the negative effects of caregiving.

The purpose of the present study was to examine the effects of caregiving on older men. Husband caregivers (n = 30) were compared to non-caregiving husbands (n = 99) on dimensions of physical and psychological well-being and social support appraisals. The average age and education of the sample is 74.1 yrs. and 13.6 yrs., respectively. A majority of the respondents were Caucasian.

Contrary to trends seen among older women, few significant differences emerged between caregiving and noncaregiving husbands on physical health, (M = 9.5, 9.4, respectively; t (123) = 0.007). In addition, no differences emerged on positive well-being, (M = 20.2, 19.4, respectively; t (121) = -1.407) or negative well-being, (M = 12.2, 11.8, respectively; t (121) = 0.237). Further, no differences emerged on appraisals of social support, (M = 72.1, 72.2, respectively; t (94) = -0.015).

The data indicate a significant relation between positive affect and chronological age, ($r = -0.23$, $p \leq .05$). Regression analyses indicate that caregiver status was not a significant predictor of negative affect. However, caregiver status significantly predicted positive affect, $F(4, 90) = 14.56$, $p \leq .05$. This suggests older men and women experience caregiving differently. Results are discussed in terms of the importance of further exploring the male caregiving situation.

THE RELATIONSHIP BETWEEN SIGNIFICANT BEHAVIORAL PROBLEMS IN THE ALZHEIMER'S DISEASE PATIENT AND CAREGIVER DEPRESSION.

Eric Comsti MD, J. Shua-Haim MD, T. Haim, Y. Hong Kuo, J. Smith RNC, J. Ross MD.
MedWise-Primary Care for Seniors, Lakehurst, New Jersey.

Purpose: To study the relationship of caregiver depression and significant behavioral problems in the Alzheimer's disease (AD) patient.

Methods: In a prospective study (one-week period), all AD patients and their caregivers who came to the office for a scheduled visit were evaluated. All caregivers participating in the study were related to patients who met the DSM-IV and NINCDS-ADRDA criteria for possible AD. Caregiver depression was identified by using the Yesavage Depression Scale (GDS). A score > 5 was considered positive for probable depression. AD patients' behavioral status was evaluated using four variables: presence of agitation, paranoia, hallucinations, and aggressiveness (physical or verbal). The presence of significant behavioral problems was established if any two variables were positive.

Results: There was a strong association between caregiver depression and the behavioral status of the patient. (Chi square test, p = 0.03). The odds ratio was 4.1 with a 95% confidence interval (1.6:10.5)

Conclusion: There is a strong relationship between significant behavioral problems in the AD patient and the presence of caregiver depression.

RELATIONSHIP BETWEEN ALZHEIMER'S DISEASE CAREGIVER DEPRESSION, AGE AND GENDER.

Todd Haim, J. Shua-Haim MD, J. Smith RNC, V. Shua-Haim RN, Y. Hong Kuo.
Memory Disorders Institute, Lakehurst, New Jersey.

Purpose: To explore the relationship between depression, age, and gender in caregivers of Alzheimer's disease (AD) patients.

Methods: In a prospective study (one-week period), all caregivers of Alzheimer's disease patients who came to the office for a routine scheduled visit were evaluated. All caregivers participating in the study were related to patients who met the NINCDS-ADRDA criteria for possible Alzheimer's disease. Data regarding the caregivers age and gender was analyzed in association with the presence of depression. Caregiver depression was identified by using the Yesavage Depression Scale (GDS). A score > 5 was considered positive (high suspicion) for depression.

Results: The majority of caregivers were daughters/sons (45.4%) and husbands/wives (44.5%). Daughters accounted for the highest percentage of caregivers. There were no significant relationships between the caregiver's gender and depression status (Chi-square test, p value = 0.89.). There was however, a strong association between the caregiver's age and presence of depression (p value = 0.036). It was also noted that spouses had the highest percentage of depression.

Conclusion: Older, spousal caregivers of AD patients are more likely to suffer from depression rather than younger caregivers.

WAITING "ON-LINE" FOR CARE: USE OF THE INTERNET BY ALZHEIMER'S DISEASE CAREGIVERS.

Juanita Smith RNC, J. Shua-Haim MD, Y. Shi MD, J. Ross MD, Y. Hong Kuo.
MedWise-Primary Care for Seniors, Lakehurst, New Jersey.

Purpose: To explore the interest & current usage of the Internet by caregivers/family members of patients with Alzheimer's disease (AD).

Methods: In a prospective study (two week period), all caregivers & family members of Alzheimer's disease patients who came to the office for a scheduled visit were evaluated. Patients who came to the office without caregivers/family members were excluded. A questionnaire was used to evaluate what information from the Internet the caregiver/family member sought related to AD.

Results: There were 217 caregivers/family members of AD patients evaluated. Ninety-seven (44%) caregivers/family members used the Internet to retrieve information regarding AD. The five subjects of interest were: new drugs for AD (95%), efficacy & adverse events of currently available medications (72%), support information (68%), Alzheimer' Association (54%), and genetic information (46%).

Conclusion: There is a great deal of Internet usage by family members/caregivers to retrieve information regarding Alzheimer's Disease, in particular new drugs in development.

CAREGIVER DEPRESSION IN RELATION TO THE PRESENCE OF PARANOIA AND HALLUCINATIONS IN THE ALZHEIMER DISEASE PATIENT.

Sanjiv Sharma MD, J. Shua-Haim MD, T. Haim J. Smith RNC, J. Ross MD, Y. Hong Kuo.
Geriatric Fellowship Program, Jersey Shore Medical Center, Neptune, New Jersey.

Purpose: To determine if there is an association between caregiver depression and the presence of paranoia and/or hallucinations in Alzheimer disease (AD) patients.

Methods: In a prospective study (one-week period), all AD patients and their caregivers who came to the office for a routine scheduled visit were evaluated. All caregivers participating in the study were related to patients who met the NINCDS-ADRDA criteria for possible Alzheimer's disease. Caregiver depression was identified by using the Yesavage Depression Scale (GDS). A score > 5 was considered positive (high suspicion) for depression. Presence of paranoia & hallucinations in patients was identified through interviews with the caregivers.

Results: There was no significant association between paranoid symptoms and the presence of depression in caregivers (Chi square test, p = 0.06). A strong relationship between the presence of hallucinations and caregiver depression was noted (Chi square test, p = 0.01). Odds ratio was 3.4 with a 95% confidence interval (13:9.1).

Conclusion: There is a strong relationship between caregiver depression and the presence of hallucinations in the AD patient.

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IMPACTS OF THE BIRTH ORDER, FILIAL RESPONSIBILITY ATTITUDE AND THE SIBLING SUPPORT ON CAREGIVING BURDEN OF DAUGHTERS-IN LAW IN RURAL KOREA

Jeonghwa Lee, Gyounghae Han,
Department of Child Development and Family Studies, Seoul National University, Seoul, Korea.

The purposes of this study were to explore the impacts of filial responsibility attitude and sibling support on caregiving burden of daughters-in-laws in rural Korea. It was hypothesized that the relationship between filial responsibility attitude, sibling support and caregiving burden would be different according to the birth order of the son(husbands of the daughters-in-laws), reflecting the stem family norm in Korea. In order to test the hypothesis, data were gathered from 503 daughters-in-law of three generational family in rural area, using structured questionnaire. The statistical methods used for data analysis were descriptive statistics, cross tables, simple correlation, factor analysis, and path analysis with SPSS/PC+ program.

The major findings of this study were as follows. It was found that the respondents of this study experience relatively low level of caregiving burden. It was also found that there are differences in the factors influencing the level of caregiving burden by the birth order of husbands of the respondents. The level of sibling support, marital status of elderly showed significant impact on the care-giving burden among the eldest daughters-in-law. On the other hand, caregiving burden of the respondents whose husbands are later born sons were affected by the reason of the coresidence with parents-in-laws, health of elderly and filial responsibility attitude. The overall results obtained from the study confirm that the birth order, filial responsibility attitude and the supports of siblings play an important roles in terms of explaining the level of caregiving burden despite of the changes in the traditional caregiving norm tied with son's birth order in the process and outcome of caregiving in Korea.

CHARACTERISTICS OF SPOUSAL PAIRS: WHAT PROMOTES THE CHOICE OF SPOUSE AS THE ONLY CAREGIVER?

S. Feld, R. Dunkle, & T. Schroepfer, School of Social Work, University of Michigan, Ann Arbor, MI 48109

When a spouse is available, they typically provide care to their impaired partner. What is unclear is whether the spouse is the sole caregiver or part of a caregiver network. Moreover, the characteristics of the spousal pair that contribute to the designation of the spouse as "sole" caregiver have yet to be identified. Using the AHEAD representative national sample of people 70 years of age or older, multinomial logistic regression was used to compare couples where the spouse was the sole caregiver for IADL needs to those who used any formal IADL care and those with informal helpers. As expected, the elder was less likely to use the spouse as the sole caregiver than any informal help when the impaired elder had any ADL limitations. However, when the elder has no ADL and more IADL needs, he/she was less likely to use spouse only compared to formal helpers. White couples were more likely than Black ones to rely solely on their spouse as compared to using other informal help. Poor health of the spouse mitigated reliance on the spouse. If the spouse had either IADL or ADL limitations, sole reliance on the spouse was less common than using other informal helpers. Resources of the spousal pair also influenced the caregiving network. More affluent couples relied solely on the spouse rather than including either formal or other informal sources of help. Couples with more relatives and married longer relied solely on the spouse rather than using any formal help. Couples in longer marriages were less likely to rely solely on the spouse than to use other informal help. Findings show that key characteristics of the impaired elder, the spouse and the marital pair affect the inclusion of others in the helping network.

A QUALITATIVE ANALYSIS OF GRANDCHILDREN'S EXPERIENCES OF THE MULTIGENERATIONAL CAREGIVING ENVIRONMENT

N. A. Orel, Department of Gerontology, Bowling Green State University, Bowling Green, OH 43403

The purpose of this study was to explore grandchildren's perceptions of the grandparent-grandchild relationship when grandparents were receiving direct care and assistance within the homes of grandchildren. Although the caregiving literature is rich with descriptions of the experiences of adult children providing care for aged parents, this study was distinctive in its methodological and systemic exploration of the experiences of grandparents, parents, and grandchildren who together encompassed the multigenerational caregiving environment. The data for this investigation was gathered via in-depth interviews. The findings of this study documented the psychological ramifications of multigenerational caregiving on the grandparent-grandchild relationship and revealed the significant influence that parents have in mediating the grandparent-grandchild relationship. The results also indicated that grandchildren perceived both negative and positive consequences of their caregiving experiences and developed specific behavioral, cognitive, and emotional coping strategies in response to the physical and/or cognitive limitations of their grandparents.

GRANDMOTHER CAREGIVERS: STRESSES, SYMPTOMS AND HEALTH ACTIVITIES.

C Musil, M. Ahmad, K. Castellano, and T. Standing
Case Western Reserve University,
Cleveland, Ohio 44106

Grandmothers with primary responsibility for raising their grandchildren and grandmothers providing partial/supplemental care to grandchildren in multigenerational homes report ongoing stresses that may affect their health and well-being. This study used health diaries to examine stress and health activities of grandmother caregivers, comparing and contrasting these by primary (n=21) and partial/supplemental (n=18) caregiver status. Participants recorded daily stresses, health problems and health promotion activities in semi-structured diaries over a consecutive three-week period. Content analysis was used to examine the data. Grandmothers in both groups reported substantial stresses, including concerns about grandchildren, family/relationship issues, and finances. Triangulation of the qualitative diary data with a visual analog measure of stress showed that the sources, but not the magnitude, of stress differed according to grandmother caregiver status. Both groups reported similar health problems (fatigue, headaches and sleep problems) and many participants used exercise and prayer/religion as health promotion activities. Although differences in stresses related to caregiver status emerged, similarities across the grandmothers suggest the need for interventions to women with caregiving responsibilities.

"Depression, Health, and Work Among Grandmothers Co-residing with Grandchildren in Two Cohorts of Women" by Richard K. Caputo, Yeshiva University, Wurzweiler School of Social Work, Belfer Hall, 2495 Amsterdam Ave., New York, NY 10033-3299, Phone: 212-960-0834, e-mail: caputo@ymail.yu.edu. This paper examined the interrelationships of depression, health, work, and co-residency of grandmothers co-residing with grandchildren in 1997 in two National Longitudinal Survey cohorts of women, one aged 30-44 in 1967, whose study sample N=2080, and the other aged 14-24 in 1968, whose study sample N=1708. Co-resident grandmothers in both cohorts were more likely than other mothers, even those who had previously experienced co-residency, to have higher levels of depression and about one-fifth were likely to exhibit levels high enough to place them "at risk" for clinical depression. Co-residency had no causal relationship either to level of depression or to changes in the level of depression, but prior levels of depression were positively related to changes in the level of depression among mothers in general when controlling for current or previous co-residency. Level of depression, however, failed to predict co-residency beyond that of sociodemographic and situational factors. Health status was not a good predictor of co-residency when other factors were taken into account, although it was a good predictor of depression when accounting for co-residency among other factors. For all mothers in either cohort, regardless of co-residency status, depressive symptomatology and health limitations, work effort increased when accounting for employment status and other factors in the previous survey year.

FAILED PARENTAL STRATEGY? DETERMINANTS OF LIVING ARRANGEMENTS AMONG THE RURAL ELDERLY IN KOREA

Gyounghae Han, Soonduck Yoon
Department of Child Development and Family Studies Seoul National University Seoul Korea

Traditional family system in Korea has been stem family where the eldest son live with their parents even after their marriage. However, with rapid sociocultural changes in recent years, living arrangements of the rural elderly have changed dramatically. Using the life course framework, it was hypothesized that the increase of the elder-only household was the results of parental strategy, specifically due to the increase of the educational level of the eldest son and consequent labor force participation in urban area.

In order to test this hypothesis, data were gathered from 964 rural elderly in Korea using the structured questionnaire. Data were analysed using multinomial logistic analysis. Three forms of living arrangements of the rural elderly were identified: living alone, living with married eldest son, and living with married later born son. Results showed that the economic status of the elderly, the eldest son's educational level and the kind of job had a significant effect on the likelihood of living apart from their eldest son. The number of the surviving sons had a positive effect on the likelihood of forming a household with later born sons rather than with the eldest son. We found the results particularly interesting in terms of the fact that elderly parents' age, marital status, and health which were considered to be important explaining the living arrangements in Western culture showed no significant effects in explaining the living arrangements of Korean rural elderly.

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OLD AGE HOMES IN INDIA: A PRELIM-INARY INVESTIGATION

Kalavar, J.M., Dept. of Human Development & Family Studies, Penn State University (Fayette campus), Uniontown PA 15401
Jamuna, D., Dept. of Psychology, S.V. University, Tirupati, India.

Never before have there been so many old people in India. Against the backdrop of social change, old age homes have proliferated there. Old age homes run the gamut from destitute homes to homes where a monthly payment is necessary. This project focused on the latter set of homes in the city of Bangalore. In order to develop a qualitative, phenomenological understanding of being an old age home resident, personal interviews were conducted with forty-eight residents. Results showed that the residents reported small social networks, frequently expressed notions of disengagement, and a strong preference for living in the old age home than with family. Results will be discussed in the context of policy implications for broader society.

RELATIONSHIP BETWEEN APPEARANCE OF WELFARE NEEDS AND SOCIAL SERVICES USE AMONG THE JAPANESE ELDERLY

T Fukaya, H Sugisawa, E Kobayashi, H Kim,Y Sugihara, H Shibata, Tokyo Metropolitan Institute of Gerontology, 35-2 Sakae-cho, Itabashi-ku, Tokyo 173-0015, Japan; J Liang*, The University of Michigan.

This study examined: 1) what percentage of the elderly start using services after appearance of social welfare needs, 2) what enabling or restrictive factors are related to initiation of service use. Data come from a 3-year longitudinal survey of a national sample of Japanese aged 60+. We analyzed respondents (n=240) with high activities of daily living (ADL) at baseline and low ADL scores at follow-up. The dependent variable

was whether they started using more than one service among five services (visiting nurse, home helper, day care, rehabilitation, and short stay services) or not. Independent variables were composed of five indicators at baseline: 1) deteriorated level of ADL, 2) family structure, 3) community group participation, 4) population size of residence, and 5) family annual income. Overall, the proportion of respondents who started using services was 10% at the appearance of welfare needs. Even among those with greater difficulties in ADL, only 15% initiated service use. The enabling factors before the appearance of social welfare needs were not directory related to the use of social welfare services.

We would like to thank Gavin Hougham for this helpful comments.

"Housing Issues of Population Aging in Developed Countries," by Charlotte F. Muller and Kottai S. Gnanasekaran, International Longevity Center-USA, 60 E. 86th Street, New York, NY 10028

Housing is a crucial element of well-being and independence. Home-ownership is widely desired, and as people reach old ages and expect to survive well into their late seventies and beyond (especially women), the links between housing and population aging assume increasing importance. Beyond the quantitative demand aspects, a series of qualitative issues of housing are important to older persons who may need special facilities at home. Our paper explores the interrelations of population aging and housing requirements and resources in the U.S., Japan and several European countries. Increasing longevity affects the marital status and living arrangements of older persons, which may have broad consequences for housing policy. Furthermore, while increased longevity is often accompanied by good health, quality of life at older ages may require the adaptation of housing structure and equipment to maximize mobility and self-care. Other issues relating to housing older persons in the future include the concentration of dwellings around common services such as visiting health professionals and meal services, transportation and mobility, and personal preferences for time use. We analyze the available major national data sources to address these issues, and to assess the implications for future public policy. Furthermore, we find that the compilation of additional national-level data would in many cases clarify the effects of housing on the well-being of older persons.

Title: The process of migration as point of departure for elderly immigrants' understandings of illness

Authors:
Azita Emami, RNT, Doctoral Candidate, Depatment of Clinical Neuriscience, Occupational Therapy and Elderly Care Research, Karolinska Institutet, Stockholm, Sweden and Sandra Torres, BA, MSSc, Doctoral Candidate, Department of Sociology, Uppsala University, Uppsala, Sweden

Abstract
In this paper we discuss how the various vissicitudes associated with the process of migration in later life can form the frame of reference from which some elderly immigrants' make sense of the reasons why they are abated by various illnesses. Through the secondary analysis of data gathered in four studies that aimed at shedding light on the post-migration realities of elderly Iranian immigrants to Sweden we hereby shed light on how the process of migration becomes the point of departure from which the causes of illnesses are understood. In light of the variety of ways in which migration constitutes a frame of reference for the elders interviewed, we conclude by suggesting that in order for health care providers to be able to assist elderly immigrants they need to be open to accepting the unconventional ways in which these elders can sometimes make sense of the illnesses that abate them.

GLOBALIZATION AND AGING: NEW DIRECTIONS IN GERONTOLOGICAL THEORY

W. C. Lane, Dept. of Sociology, SUNY Cortland, Cortland, NY 13045.

While the concept of a post-industrial society has been discussed for a number of years, more recently several new perspectives, such as post-modernism, the network society, the third way and globalization, have emerged in the social sciences. While critical gerontology and political economy are making important contributions, much of the work in aging continues to use theories build on a model of an industrial society. This paper uses a globalization perspective, most simply defined as the intensification of global internnectedness, to examine some implications of major social changes on the lives of older people, both now and in the future. The areas examined include the decline in importance of the nation state, the compression of time and space and changes in identity, family and social networks. The paper concludes by arguing that such changes will have a profound effect on the lives of older people as well as aging policy and services.

AGING, KIN, AND LIVING ARRANGEMENTS IN EASTERN EUROPE: A CROSS-NATIONAL COMPARISON

T. Koropeckyj-Cox & E.M. Agree, Population & Family Health, Johns Hopkins School of Public Health, 615 N. Wolfe St., Baltimore, MD 21205; N. Botev, U.N. E.C.E. Population Activities Unit, Geneva, Switzerland

The economic and political transitions in Eastern Europe are occurring in a uniquely challenging demographic landscape. Historical patterns of low fertility, war casualties, and stagnant life expectancies are reflected in aging populations and a preponderance of unmarried women in old age. In the Baltic countries, about 20% of women 60 and older are childless and 40% of the oldest women have no surviving children.

This paper presents a cross-national comparison of older women's living arrangements in five European countries (Czech Republic, Estonia, Latvia, Lithuania, and Romania). Using data from census microdata samples (prepared by the U.N. E.C.E.), we use multinomial logit models to examine the relationship between kin availability (marital status and parental status) and living arrangements among older women.

The findings highlight the contrast in elder housing between Western and Eastern European countries and the diversity among the countries in the region. Multi-generational living arrangements are more common compared to the West, particularly among older women in the Baltic countries. Institutionalization is relatively rare, but large proportions of unmarried, childless women live alone. Living alone is especially prevalent in the Czech Republic regardless of parental status. We discuss the results in terms of their implications for elder well-being in the context of transitions.

OLDER WOMEN AND FRAILITY: A CROSS-CULTURAL COMPARISON.

S.M. McCurry[1], L.E. Gibbons[1], G.E. Bond[1], A.B. Graves[2], W.A. Kukull[1], and E.B. Larson[1], [1]University of Washington, Seattle, WA, and [2]University of South Florida, Tampa, FL.

This study was conducted to examine the demographic and sociocultural characteristics, health enhancement behaviors, and health risk factors associated with functional decline in two culturally diverse, community-based populations in King County, WA (the Adult Changes in Thought [ACT] study and the Kame Project). Data from cognitively intact Caucasian (n=1378) and Japanese-American women (n=932) age 65 or older were included (mean age = 74.0 years; mean education = 13.0 years; 49% married; 60% Caucasian). Multivariate

Poisson regression modeling found that increased functional impairment was associated in both groups (p < .0001) with older age (Relative Risk = 1.39 for 10 years), income less than $15,000/annum (RR = 1.23), BMI greater than 29 (RR = 1.38), CES-D depression symptoms (RR = 1.17 for 1 SD), hearing loss (RR = 1.33), history of hip fracture (RR = 1.55 for ACT women, 3.06 for Kame women), and subjective ratings of overall health (RR = 1.87 for ACT women, 2.51 for Kame women). Caucasian women from the ACT cohort were 3.1 times more likely to have elevated scores on a composite measure of functional impairment than the Japanese-American women (Kame cohort). Women with higher levels of social support reported fewer functional impairments (RR = .79). Education, marital status, living alone, differences in performance on a test of cognitive function (CASI), and other medical health factors (current smoking, diabetes, blood pressure) were not significant in the model. Results indicate that although risk factors for functional decline are similar in the two cohorts, there are differences, particularly with respect to the impact of falls and fractures, and self-perceptions of health status.

MENTAL HEALTH AND DISABILITY AMONG TAIWANESE AGED

Y. Chiu, J. Liang, C. Blaum, and Y.L. Chuang.
University of Michigan, Ann Arbor, MI 48104
and National Institute of Family Planning,
Taichung, Taiwan.

The consequences of mental health in terms of cognitive impairment and depressive symptoms on functional status among the elderly are not well understood. Furthermore, current knowledge is almost exclusively based on data derived from North America and Europe. There is little research on disability among aged in non-western societies. This study examines the linkages among cognitive impairment, depressive symptoms, and functional status among the Taiwanese aged.

Data came from a 3-year prospective study of 2,525 older adults in Taiwan. All hypotheses were evaluated by controlling for sociodemographic characteristics and other health status. There are significant cross-lag linkages between cognitive impairment and functional status over a period of 3 years. In addition, depressive symptoms are affected by prior functional status but not cognitive functioning. Cultural differences in the manifestation of cognitive and depressive symptoms were explored.

A NEW NATIONAL STUDY OF THE SWEDISH ELDERLY 75+

G. Sundström, S. Berg, Institute of Gerontology,
Box 1038, SE-55111 Jönköping, Sweden
L. Johansson, National Board of Social Welfare;

A year 2000 replication (N=1,500) of a representative 1994 survey (N=1,379) examines health and functional capacity (physical and mental) in community-residing elderly, prompted by fears that cutbacks in services have deteriorated support for frail elders. Both studies are cross-sectional, but permit cohort-sequential analyses. Main results are: functional ability and health has improved beyond the advances seen in 1994. Nearly all who need help do get what they need, from family and/or public sources. Some combinations of informal and formal care are now less common than before, which may be due to stricter rationing of public support. A broad concept of support is used: Home Help, Home Health Care, alarms, transportation systems (very extensive in Sweden), meals-on-wheels, home adaptations (quite common), and other needs-assessed, public inputs. Many elderly themselves help and support people in need.

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ARE CHILD CARE LEAVE POLICIES A GOOD MODEL FOR ELDER CARE LEAVE POLICIES?

T. M. Parrott, Department of Sociology,
Quinnipiac College, Hamden, CT 06518.

Although the Family and Medical Leave Act (FMLA) does assist in some elder care situations, the *primary* focus of the FMLA was to assist families in child care situations. Thus, the FMLA was modeled after child care leave policies, many of which were developed at the state-level or through private-employers. But to what extent was this an appropriate model to use for elder care leave, given that the needs and circumstances surrounding elder care are very different from those faced in most child care leave situations? The purpose of this project was to examine private employer and state-level *child care leave policies* to assess to what extent and in what ways these are or are not good models to use for *elder care leave policies*. This policy analysis identifies the goals and objectives of elder care leave policies versus child care leave policies; uses a set of criteria developed for this study to determine which child care leave policy alternatives best address the goals and objectives of elder care leave; and suggests possible impacts of the various alternative policy models and makes recommendations for the most appropriate child care leave models upon which to base elder care leave policies.

DECIDING TO SEEK A MEMORY ASSESSMENT WHAT MAKES THE DECISION DIFFICULT?

S. Wackerbarth & M. Johnson, Departments of Public Policy and Behavioral Science, University of Kentucky, Lexington, KY 40506-0027

The purpose of this study was to examine the decision to seek a memory assessment. Early detection is crucial in regard to both effective medical intervention and legal and financial planning. To better take advantage of the advances made in early detection and treatment of Alzheimer's disease, people need to be seen in clinics sooner. A survey was developed from the results of 25 in-depth interviews with people who had a role in the decision to seek a memory assessment for a family member. The survey was mailed to 740 family caregivers of patients recently assessed at one urban and one rural memory disorders clinic. Of the 398 caregivers responding to the initial mailing, two-thirds are women and half are spouses. Factor analysis confirm that difficulty taking on the caregiver role, disagreements between family members, fear of the future, the inaction of professionals, and attributing memory loss to normal aging made seeking an assessment more difficult. Reported benefits of having a memory assessment included obtaining guidance with planning, a better understanding of the disease and what to expect, instruction on how to provide care, opportunities to discuss problems with other caregivers and professionals, and access to treatment and experimental trials. These findings will be used to help families face the decision to seek a memory assessment.

THE UNMET NEEDS OF FAMILY CAREGIVERS: IMPLICATIONS FOR POLICY AND PRACTICE

M. Navaie-Waliser, Dr.P.H.,[1] P.H. Feldman, Ph.D.,[1] Margaret McDonald, M.S.W.,[1] Karen Donelan, Sc.D.[2]
[1]Center for Home Care Policy & Research, Visiting Nurse Service of New York, 5 Penn Plaza, New York, NY 10001. [2]Harvard School of Public Health, Boston, MA.

The majority of adults who require assistance with activities of daily living rely on family caregivers for such help. Although caregivers frequently need help rendering care, their needs remain unmet. This study examined factors that are associated with an increased likelihood of family caregivers reporting unmet needs. A nationally representative random sample of 4,874 households were contacted by telephone in 1998. Eligibility for inclusion was restricted to persons providing or arranging for unpaid care for a relative/friend anytime during the twelve months preceding the study. After initial screening, 1,002 eligible individuals agreed to participate. Multivariate analyses revealed that family caregivers were significantly more likely to report unmet needs if they were younger than 75 years old, African-American, employed, had a serious health condition, cared for someone with a serious health condition, felt uncomfortable providing care, and provided heavy duty care in terms of more frequent and longer duration of care along with a greater number of ADLs and IADLs. Certain demographic, health, and contextual characteristics can be used to identify "vulnerable" caregivers in need of supportive services.

SOCIOLOGICAL PERSPECTIVES ON THE EMERGING MEDICAL INSTITUTUION OF HOME HEALTH CARE.

Cathie King, Dept. of Sociology-MUHM226,
Case Western Reserve University,
10900 Euclid Avenue, Cleveland, Ohio 44106-7124.

Home Health Care has significance for sociologists on both macro and micro levels and will play a central role in the future provision of health care for the elderly. A study of home health care was conducted based on 76 interviews with elderly clients of The Visiting Nurse Association. This study conceptualized home health care as a medical institution and sought a meaningful, grounded description of the illness experience from the perception of the home health care-receiver. The Negotiation Model, anchored in symbolic interationism, provided the conceptual framework identifying areas of concern that prohibit optimal normalization of the illness career. Coding schemes for the experience of the care-receiver within the context of home health care have not been developed in prior literature. Guided by the overall framework of symbolic interactionism, data were coded inductively. Paralleling the two key components of home care, home and care, two major domains were noted. Issues relevant to the home included consensus about fulfilling and negotiating social roles not related to illness such as normal role concerns. Issues relevant to care included concerns about their patient role. An illness career typology was developed identifying concepts in which the individual is occupying two potentially conflicting roles, the patient role and the "normal roles" of everyday living. A "Tripartite model" was then developed building upon previously conceptualized Complementary or Supplemental models. Future research conducted within the Tripartite model will help to identify areas of strain which prohibit predictability and controllability.

THE PROCESS OF LAY HEALTH ASSESSMENT: IMPLICATIONS FOR PRACTICE

M. Perkinson & E. Navarro, Washington University School of Medicine, St. Louis, MO 63108

Most decisions concerning health care are made by lay individuals as they react to their own symptoms and those of their family members. Research on illness cognition has focused on self-care and self-assessment of health. However, we know relatively little about the strategies lay caregivers use to assess the health status of their care receivers. After rating both their own health and their husband's health on a standard health rating scale, 100 spousal caregivers of frail older men were asked to explain their ratings in an open-ended format. Analyses of their coded responses revealed significant differences in the criteria these women used to assess their own as opposed to their husband's health. The caregivers were significantly less likely to use biomedical criteria and more likely to use functional, attitudinal, and comparative criteria when evaluating their husbands' health status. A better understanding of the process of lay health assessment can facilitate communication between health professionals and family caregivers of frail older adults. **Funded by NIA.**

CARING FOR THE CAREGIVER: THE SECONDARY BENEFITS OF PRIVATE GERIATRIC CARE MANAGEMENT.

M.D. Cohn, and M.B. Futhey, C.C. Family Ties Elder Care Management, State College PA, 16801, B.L. Ashcroft and

D. Schoen, Dept. of Nursing, The Pennsylvania State University, University Park, PA 16802.

The burden of care giving by adult children has been scrutinized from many directions. The emergence of many community based alternatives to support aging families in place may or may not relieve the pressures on adult children who act as primary caregivers. In this process evaluation study the "care giving" children of current and past recipients of intensive private geriatric care management were interviewed in relation to the nature and value of support and services they experienced. Thirty respondents were interviewed via a telephone questionnaire. The respondents evaluated dimensions of the service: type of care manager assignments, appropriateness of billing, impact on family relationships and value of specific services. The time frame of such services ranged from current short term assistance to help extending over the past ten years. These services ranged from personal counseling to advocating for care with other service providers. The most highly rated service was seen to be crisis management (earning a 5 out of 5 in value). Personal advocacy for a family member was rated almost as high (4.8 out of a possible 5) The exemplary qualitative data include expressions of relief and dependence on an accessible, skilled "family alternate". Further investigation is warranted into the multiple social and economic benefits of relieving adult caregiver burden through structured community elder care and counseling. (BSS-7)

PREDICTING FORMAL SERVICE UTILIZATION THE ROLE OF NON-TRADITIONAL VARIABLES

K. S. Lyons,[1] & S. H. Zarit[2]. [1] Oregon Health Sciences University, Portland, OR 97201-3098. [2] Dept. of HDFS & Gerontology Center, Penn State University, University Park, PA 16802.

As the population of dependent, disabled elderly continues to grow and the changes in family structure result in fewer available informal caregivers, understanding the interface between formal and informal support is becoming increasingly important. Much of the research on formal service use has concentrated on the Andersen and Newman (1973) model, which categorizes predictors of service use among elderly individuals in the community under three factors – predisposing, enabling and need characteristics. Based on the adaptation of this model by Noelker and Bass (1989) and other researchers in this field, characteristics of both the caregiver and elder were used to predict formal service use for a sample of 178 primary caregivers. Receiving formal services was associated with household income, family tension, elder satisfaction with the current situation, physical dependence of the elder and a lack of behavior problems. Neither caregiver health deterioration nor difficulty finding using services were related to service use. These findings suggest that future research should place greater emphasis on non-traditional predictors of service use.

FAMILY CAREGIVERS IN VIRGINIA: WHAT HELPS?

S. E. Jarrott and S. L. Nester, Department of Human Development, 359 Wallace Hall, Virginia Polytechnic Institute and State University, Blacksburg, VA 24061-0416.

Recent research of the effects of instrumental support provided to caregivers of relatives with dementia indicates that help from formal (paid) and informal (family/friends) sources has differential effects on caregivers' experience of distress. Increasing levels of formal assistance were associated with reduced caregiver distress, but there was no association between informal help and distress. The current study explores why this might be the case. Family caregivers in Virginia are interviewed twice, focusing on the amounts and types of caregiving help they receive from different people. Caregivers indicate the usefulness and disagreeableness of each source of help. In addition to considering whether the amount of informal and formal help caregivers receive is associated with measures of distress (depression, overload, and worry), the relationship between caregivers' perceptions of the help they receive and their experience of distress will be considered. Family and friends can be important sources of support but also considerable conflict. Whether revolving around caregiving issues or long-standing disagreements, conflict between caregivers and informal assistants has been found to negate the benefit of assistance provided. This presentation will addresses the role that conflict and utility might play in the differential effects of informal and formal assistance on caregivers' distress.

HOME CARE, PLACEMENT, & BEREAVEMENT: AN EXAMINATION OF TRANSITIONS IN CAREGIVING

W. Wehage, University of Akron & The Benjamin Rose Institute, Akron, OH. 44325.

Previous literature characterized nursing home placement and bereavement as transitions in the caregiving career. However, no study to date has examined whether experiencing the transition of care receivers' placement into a nursing home alters caregivers' adjustment to the transition of bereavement.

This research compares bereavement adjustment and pre-death characteristics of caregivers' whose care receivers' were placed in nursing homes prior to their deaths (n = 91) and caregivers whose care receivers' remained at home until death (n = 115). Prospective longitudinal data come from the California Stress and Coping Survey with a synthetic panel of caregivers constructed from four waves of data collection.

Comparisons of means were conducted for a variety of pre- and post-death measures representing initial levels of care receiver impairment and post-death caregiver well-being. One unexpected result showed that care receivers who died at home, versus a nursing home, were significantly more cognitively impaired two years prior to their death. Data from initial pre-death interviews also showed that caregivers of those who died in nursing homes reported receiving significantly less emotional support compared to the continuous home care group. In terms of post-death adjustment, caregivers in the continuous home care group reported less painful memories, more acceptance of the death, and less helplessness. These findings suggest that the additional transition of nursing home placement may not lessen the impact of death and is related to a more difficult post-death adjustment.

SPIRITUALITY AND ADULT DEVELOPMENT: I

J. D. Sinnott, Psychology Department, Towson University, Baltimore, MD 21252

PARTICIPANTS:

M. Brennan & R. A. Shippy, (Arlene R. Gordon Research Institute of Lighthouse International, NY, NY 10022) Spirituality and the Religious Personality: Constellations of Spirituality and Religious Involvement.

M. R. Crowther, (Department of Psychology, University of Alabama, Tuscaloosa, AL 35487) The Relationship Between Coping, Spirituality, and Health Among Older African Americans.

D. A. Kramer, (Department of Psychology, Rutgers, The State University of New Jersey, Piscataway, NJ 08854) Faith, Hope, and Despair in Suicide: A Case Study.

J. D. Sinnott (Psychology Department, Towson University, Baltimore, MD 21252) Growing---and Healing---While Aging: The Role of Spirituality in Typical and "Complementary" Healing Systems.

DISCUSSANT:

J. C. Stuckey, (University Alzheimer Center, 12200 Fairhill Road, Cleveland, OH 44120)

Spirituality is often a central feature of the felt experience of adults, especially adults growing older. While it is more challenging to quantify the concept of spirituality, compared with quantifying the somewhat overlapping concept of religiousity, spirituality may be related to very important features of personality, identity, coping, overall mental and physical health, and well-being. Although, spirituality is considered crucial to growth and health in many cultures, researchers have expended relatively little energy on understanding the dynamics of the concept. Practitioners of healing arts often spend little time asking clients about spiritual matters. The objective of this symposium, using data and theoretical work, is to define and explore spirituality as it relates to personality, coping, health, and growth.

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A THEMATIC ANALYSIS: THE EXPERIENCE OF MAKING A DECISION TO PLACE A FAMILY MEMBER WITH ALZHEIMER'S DISEASE IN A SPECIAL CARE UNIT

H. K. Butcher; P. A. Holkup; M. Park; & M. Maas. The University of Iowa, College of Nursing, Iowa City, Iowa, 52242

The decision to place a family member with Alzheimer's disease (AD) in a Special Care Unit (SCU) is a pivotal and potentially traumatic event for family caregivers. There are very few in-depth qualitative studies which have investigated the experience of making this decision. A random stratified sample of (N=30) family caregivers who made the decision to place a family member in a SCU were selected from an original study of 256 family caregivers for thematic analysis. The 30 family caregivers were from a quasi-experimental five year multiple site investigation across three Midwestern states designed to evaluate the effectiveness of the Family Involvement in Care (FIC) program. The sample was stratified according to ethnicity, gender, and relationship to the care recipient. In a semi-structured in-depth baseline interview, family members described their thoughts and feelings about making the decision to place a family member in a SCU.

The transcribed interviews were analyzed using Luborski's method for thematic analysis by three independent researchers. After mutual consensus, 1,565 themes or descriptive statements were identified and synthesized into 22 topics or categories. The 22 topics were synthesized into four patterns. The four patterns (moving toward the unavoidable decision; struggling with the decision; seeking reassurance; and remaining connected) describe the experience of making this decision. While participants described the experience as "the most painful and difficult decision I ever had to make," participants found comfort when: a) health care professionals assisted them in making the decision; b) satisfied with the quality of care in the SCU; and c) there were means to remain involved in the care of their family member after being placed in the SCU.

This research was supported by funds from the National Institute of Nursing Research grant entitled Gerontological Nursing Intervention Center (P30 NR03979), Toni Tripp-Reimer (PI).

MAKING MEANING AND CAREGIVING: A MODEL OF MEANING-MAKING AND TRANSFORMATIVE LEARNING FOR CAREGIVING DAUGHTERS

O. Morey, Department of Adult Education and Human Resource Development, University of Texas at Austin, 5205 Langwood Dr., Austin, Texas

At some point in their lifetime, families, particularly adult daughters, will most likely care for an aging parent. As they move into what might be one of the most difficult and challenging roles in their life span, little in-depth information exists about the nature and meaning of the caregiving experience. Drawing on phenomenological-based methods, this study offers a compassionate, detailed look at the meaning-making process for five daughters' caring for their frail elderly mothers. Through narrative case studies and a thematic analysis, a model detailing the process of meaning-making and transformative learning emerged. Four interdependent phases of meaning-making are discussed: 1) *The Initial Movement into Caregiving*, including both the emotional and behavioral impact, 2) *Facing the Challenges—The Catalytic Experience* including balancing multiple roles and the struggles with medical/eldercare systems, 3) *Resulting Impact—Responses to Challenges* including exhaustion, igniting emotions, difficulty in decision-making, and seeking help and support, and 4) *Integration of New Learning and Meaning*, including gaining new strengths, shifts in values and priorities, increased tolerance and empathy, heightened spirituality and faith, the desire to help others, and an increased fear of the future. Implications on how practitioners can facilitate the transformative learning process will be discussed.

In Sickness and in Health: A qualitative Study of Elderly Men Who Care for Wives With Dementia

Richard Russell, CSW, CASAC, Program Coordinator, Senior Outreach Program, Unity Health System, Rochester, NY 14626

It is estimated that approximately 1,000,000 elderly men care for spouses with Alzheimer's Disease or other forms of cognitive impairment, yet we have only a limited understanding of their work, and central questions arise. What do men caregivers do, and what meanings do they ascribe to their work? What are their distinctive strengths and vulnerabilities, and what can we learn about men and caregiving from their stories? This qualitative study was based on in-depth, open-ended interviews with 24 elderly men who are primary caregivers to wives with dementia. All interviews were taped, transcribed, and manually coded. The resulting information then underwent content analysis from which three major themes emerged: feelings of isolation and invisibility of their care work, a style of caregiving that jointly utilizes management and nurturing, and feelings of commitment, responsibility and devotion.

Evidence of Chronic Sorrow in Elderly Parents of Adult Children with Developmental Disabilities

J Schaller-Ayers. College of Nursing, slot 529, University of Arkansas for Medical Sciences, Little Rock AR, 72205

Olshansky first described chronic sorrow in 1962 among parents of a child with developmental disabilities. Many of this cohort of parents, now age 60 and over, continue to care for their children at home.

Using secondary analysis of qualitative interviews from 24 parents in Texas and Oregon, data were analyzed for the presence of chronic sorrow. The Mid-range Theory of Chronic Sorrow developed by Eakes, Burke and Hainsworth (1998) was used to code data. Findings demonstrated the presence of chronic sorrow in long term parents and supported Eakes et als.' Theory.

ALZHEIMER'S CAREGIVING FAMILIES: INTERGENERATIONAL SOLIDARITY VERSUS CONFLICT

A. Agee, P.W. Blanton, Department of Child and Family Studies, University of Tennessee, Knoxville, TN 37919

The inductive research procedures for this collective case study involved in-depth interviews with multiple family members in each of four families caring for someone with Alzheimer's disease. Themes that emerged across families included protectiveness as integral to the decision process and intergenerational legacies of connection and conflict. These intergenerational patterns influenced how family members perceived disease symptoms, felt comfortable with their caregiving roles, and discovered ways to solve problems. Caregiving families perceived their experiences as either overwhelming burden or opportunity for relational growth and development. Also, thematic elements related to critical issues--relationship changes, decision making, and stress--were identified within families as well as across families. These qualitative data provided valuable insights regarding the overall challenges and rewards of the family caregiving experiences with Alzheimer's disease.

A PHENOMENOLOGICAL STUDY OF THE EXPERIENCE OF CARING FOR A FAMILY MEMBER WITH ALZHEIMER'S DISEASE LIVING AT HOME

P.A. Holkup, H.K. Butcher, & K.C. Buckwalter, The University of Iowa College of Nursing, Iowa City, Iowa, 52242

Caring for a family member with Alzheimer's disease (AD) is one of the most devastating and challenging experiences one can endure. The mass of family AD caregiving research has focused on standardized psychometric measurement, closed-ended interviews, and symptom checklists. While these approaches have many merits, there is a lack of qualitative research designed to uncover the meaning of the AD caregiving experience in a large and diverse sample of family caregivers. The purpose of this phenomenological study was to describe the experience of caring for a family member with AD living at home among a diverse sample of 103 family caregivers. The study involved secondary analysis of in-depth transcribed interview data using van Kaam's rigorous four-phase, twelve-step, psychophenomenological method. A total of 2,115 descriptive expressions describing the experience of AD family caregiving were categorized into 38 preliminary structural elements.

Eight essential structural elements emerged from an analysis of the preliminary structural elements. The eight essential structural elements were then synthesized together to form the following synthetic structural definition: caring for a family member living at home with AD was experienced "being immersed in caregiving and enduring stress and frustration amid suffering through the losses while integrating AD into our lives and preserving integrity by gathering support, moving with continuous change, and finding meaning and joy." Finding meaning amid the anguish of caring for a family member with AD was facilitated through commitment to the care recipient, identifying positive aspects of caring for another, and creating moments of joyfulness together.

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GENDER DIFFERENCES AS PROFESSIONALS PREPARE FOR RETIREMENT: A STUDY OF MATURE AMERICAN CHEMISTS.

J.I. Farkas[1] and M. Welsh Jordan[2] [1] Dept. of Sociology, Penn State Delaware County, [2] Department of Career Services, American Chemical Society

The chemical industry entered a period of restructuring in the mid-1980s that continues with downsizing, mergers and/or consolidation. This has redefined professionals' retirement patterns. This study examines how older-career chemists have fared over the past decade given the restructuring. It examines men and women chemists' differential retirement paths, post-retirement employment consulting options and pension coverage by industry. The data come from a 1999 American Chemical Society (ACS) survey of a representative sample of ACS members aged 50-69 (N=5027). Included in the survey were questions on labor force behavior, retirement, consulting and a career events time line to construct life course patterns. The analysis demonstrates differences between older men and women chemists' employment, hiatuses, and pensions. Nearly 40% of ACS is aged 50 and older. Mature women, 70%, were more likely to be employed full time compare to 60% of men. Nearly 85% of women, compared to 58% of men, reported a career hiatus. Women reported their hiatus was for family obligations while men reported theirs resulted from job termination. Men are twice as likely to receive a pension, 38% compared to 17% of women. Of those with pension income, 61% of women and 55% of men consider themselves fully retired. For those receiving pension income and still in the labor force, over half of the men reported they were self-employed or consulting while less than 1/3 of women reported the same status. The results suggest that men are better prepared for post-retirement employment than are women – even as a professional.

POSTRETIREMENT INTENTIONS AMONG 50 to 64 YEAR-OLD WORKERS

D.B. Smith, Assistant Professor, Department of Sociology/CJC, University of Missouri-Kansas City, 5100 Rockhill Rd, Kansas City, MO 64110.

The decreasing anticipated age of retirement and the increasing longevity of the current midlife cohort suggests that the anticipation of the postretirement experience encompasses more than leaving a career job. The University of Missouri-Kansas City Study of Midlife uses a life course perspective, and continuity and role theories to investigate postretirement intentions for workers aged 50-64. How do midlife workers plan to spend their time once retired? Do they plan to continue to work for pay, pursue leisure activities, or some combination? Using a mailed questionnaire, the project gathered data from 258 working persons aged 50-64 on demographic information, retirement planning and expectations, and leisure activities including volunteerism. The data provide support for continuity theory; the respondents indicate plans to maintain many preretirement roles after they retire. Over two-thirds of these workers plan to incorporate into their retirement experience working for pay. There are no gender or educational differences in intentions of working for pay. In addition, those who have volunteered in the last 2 years are significantly more likely to report a greater chance of volunteering in the next 5 years and see volunteering as a part of an ideal retirement lifestyle than those who have not volunteered in the last 2 years. For volunteering intentions, gender was not a factor but the results suggest education may matter with college graduates significantly more likely to report planning to volunteer than non-college graduates. This research has policy implications for non-profit organizations interested in recruiting recently retired individuals.

WOMEN APPROACHING RETIREMENT: THE ORGANIZATION OF PENSION BEHAVIOR WITHIN THE FAMILY

Kim Shuey
Department of Sociology and Pepper Institute on Aging
Florida State University, Tallahassee, FL 32306-1121

Today, employer-sponsored pensions provide an example of both collective and individualized approaches to retirement savings -- the availability of a pension plan no longer assures worker participation. Determining factors that influence whether individuals take advantage of the structural opportunities that they encounter is an important question. For workers who are offered a pension plan by their employer I identify characteristics that discriminate between workers who participate in the offered plan, those who also participate in an additional supplemental plan, and those who choose not to participate at all. I examine data from Wave 1 of the Health and Retirement Survey to understand and compare individual pension behavior with what we see when we incorporate spouse's characteristics and household resources. Household-level analysis of pension participation is conducted within a multi-level modeling framework that allows for the inclusion of characteristics of individuals as well as characteristics of the household. At the individual level, patterns of participation differ by demographic characteristics such as gender, race and marital status, characteristics of the job, as well as cognitive components such as future orientation and risk tolerance. At the household level preliminary analysis shows that for married couples, in addition to individual characteristics, participation is also related to characteristics of the spouse.

THE IMPACT OF A NEW PHASED RETIREMENT OPTION ON FACULTY RETIREMENT DECISIONS

L.S. Ghent, Department of Economics, Eastern Illinois University, Charleston, IL 61920 and R.L. Clark, College of Management, North Carolina State University

Gradual retirement has long been advocated as a desirable way for older persons to transition from full-time work to full-time retirement. The merits of phased retirement and worker preferences for this transition have been the subject of only limited empirical study due to the lack of adequate data. This study provides a unique assessment of a phased retirement program in a university setting.

In 1998, the 15-campus University of North Carolina (UNC) system introduced a phased retirement program which allows tenured faculty meeting certain age and years-of-service criteria to give up tenure, retire, and be rehired half-time for up to 5 years at half-pay. Using data from faculty censuses provided by the General Administration of the UNC system, the impact of this new phased retirement program is examined. Specific attention is paid to whether the faculty opting for phased retirement would have continued working full-time or retired completely in the absence of such a program. Probit models of retirement are estimated for the two years prior to the introduction of phased retirement and the results are used to predict retirement for faculty in 1998 and 1999. These predictions are then compared to the actual experience in those years. The implications of this new retirement option for the labor market at large are also discussed.

EDDIES IN THE STREAM: THE PREVALENCE OF UNCERTAIN PLANS FOR RETIREMENT.

David J. Ekerdt, Gerontology Center, University of Kansas, Lawrence, KS 66045, Stanley DeViney, University of Maryland-Eastern Shore, and Karl Kosloski, University of Nebraska at Omaha.

Regardless of the way that retirement behavior is theorized, there is a metamodel of older workers that assumes they are on a path to retirement, holders of plans and preferences. Yet there are reports that many workers cannot or will not report plans for retirement. Nonresponse about retirement plans could be a survey artifact, but it could also be an authentic preretirement stance, theoretically predictable from workers' opportunity structure. We investigated uncertain retirement plans among male and female workers age 51-61 in the 1992 and 1994 waves of the Health and Retirement Study. Nonresponse to questions about the form and timing of retirement was not wholly an artifact of survey procedure. Depending on question type, some 10% to 40% of workers could not say when or how they would retire. Age and time did clarify uncertain plans for some workers, but sizeable proportions remained uncommitted to a retirement intention after two years. Categorical uncertainty about retirement was also associated with circumstances that indicated less social supervision of the retirement decision at work or at home. Uncertainty about retirement thus appears to be substantive and meaningful. The metamodel of older workers as strategizing, planful preretirees—an assumption of theory, policy, and practice—thus overlooks this uncertainty.

THE EFFECTS OF THE WORK CAREER ON RETIREMENT PERCEPTIONS AND BEHAVIOR

C. Elman and S. E. Secrest, Department of Sociology, The University of Akron, Akron, OH 44325-1905.

There is considerable research about retirement, yet we do not have a clear understanding of this phenomenon due to increased heterogeneity in work/retirement transitions and the inherent ambiguity about the definition and meaning of retirement status among retirees. We use longitudinal data to examine full, partial, and non-retirement behaviors as well as the self-identifications of retirement status among retirees and those yet unretired.

Using a nationally representative sample (N=1,681) of men and women ages 55-70 from the linked waves of the National Survey of Families and Households we assess congruence in perceptions of retirement status and work transitions. Special attention is paid to objective indicators and self-descriptions of jobs or former jobs, the timing of career jobs, and the shape of overall work trajectories. We then incorporate information about prior life course human capital investments, marriage patterns, and health status in multivariate models.

We find self-identification of retirement status, perceptions about retirement, and work transitions are related but loosely coupled phenomena. Yet all of these outcomes are shaped by prior work experiences. In addition, race, age, health, and other personal characteristics are important.

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MINIMIZING THE IMPACT OF SEASONAL STORMS ON OLDER ADULTS IN EASTERN NORTH CAROLINA: WHAT WE HAVE LEARNED FROM RESEARCH, PRACTICE, AND COLLABORATION

E. Covan, Director, UNC Wilmington Gerontology Program, 601 South College Road, Wilmington, NC 28403-3297

PARTICIPANTS:

J. Mitchell, (Director, Center on Aging, East Carolina University) A Social-Structural Look at the Vulnerability of Older Adults Before and After Natural Disasters: The Hurricane Floyd Experience.

E K. Covan and M. Rosenkoetter (UNC Wilmington) Hurricane Floyd Elder Assessment: A Preliminary Look.

L. Bearon (Family and Consumer Sciences, NC State University) Increasing Public Awareness of Disaster Related Issues Affecting Vulnerable Elders.

Y. Crume, (John Umstead Hospital) L. Bearon (North Carolina Cooperative Extension Services), B. Lewis, Edgecombe Homecare and Hospice, F. G. Soltys, (UNC School of Social Work) The Edgecombe Project: Linking Services, Education, Information, and Research for Senior Hurricane Floyd Flood Victims.

V. Marshall, (Director, UNC Institute on Aging), Discussant.

After six hurricanes in four years blew across Eastern North Carolina, the UNC Institute on Aging asked gerontology faculty and service providers to organize collaborate recovery efforts. Limted grant funds were available from the Institute and from the Association for Gerontology in Higher Education / University of Pittsburgh Generations Together Service-Learning Projects. This symposium presents preliminary analysis of two of these projects, the Senior Edgecombe Project and the UNC Wilmington Service-learning Project. Papers will address the vulnerability of frail older adults who are economically disadvantaged to natural disasters such as floods. We will note that while collaborative efforts among universities and local service providers have a positive effect on minimizing the impact of natural disasters, federal relief agencies do not respond appropriately to the special needs of older adults who are frail and disadvantaged.

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MILD COGNITIVE IMPAIRMENTS, CONVERSION TO DEMENTIA AND NEUROPATHOLOGY: FINDINGS FROM THE NUN STUDY

K. P. Riley, D. S. Snowdon, W. R. Markesbery,
Departments of Preventive Medicine and Neurology,
University of Kentucky, Lexington, KY 40536

The longitudinal study of mild cognitive impairments has practical and theoretical implications, particularly in light of the potential for using the newly-developed treatments for Alzheimer's disease as preventive measures. Difficulties remain, however, in the definition of mild cognitive impairment syndromes and the nature of outcomes other than dementia. In addition, there is very little data on neuropathological findings in persons with mild impairments. We examined these issues using data from the Nun Study, a longitudinal study of aging and Alzheimer's disease in 678 Catholic sisters. Mild cognitive impairment was defined as intact global functioning and impairment in at least one specific area of cognitive ability, and outcomes ranged from return to intact function to conversion to dementia. Twenty percent of those whose cognitive impairment was in the domain of memory converted to dementia during the five year follow-up period. Persons who died with a mild cognitive impairment (n=31) had more neurofibrillary tangles in the hippocampus than those who died with intact cognitive functioning (n=25). These two groups' scores on the Braak staging method of quantifying the neuropathologic changes of Alzheimer's disease did not differ.

PERCEPTIONS OF UNDERSTANDING, SEVERITY, AND SUPPORT AMONG OLDER ADULTS WITH MEMORY PROBLEMS. P.A. Clark, D.M. Bass, W.J. Looman, C.A. McCarthy, The Benjamin Rose Institute, 850 Euclid Ave., Suite 1100, Cleveland, OH 44114, S. Eckert, Alzheimer's Association, Cleveland Area Chapter.

The Cleveland Alzheimer's Managed Care Demonstration is a randomized control trial that evaluates the effects of integrating Alzheimer's Association services into managed health care. The demonstration includes 210 members of Kaiser Permanente who have a diagnosis of dementia or symptoms of cognitive decline and are 55 years or older. An important feature of this evaluation is that whenever possible it includes in-person interviews with cognitively impaired patients. Data for this analysis come from 121(58%) patients who were able to complete an interview despite their impairments. This analysis examines how the type and extent of impairments influence patients' understanding of memory problems, the degree to which memory problems are perceived as severe, and perceptions of support from family and friends. Multivariate results show patients who were more depressed have less understanding of their memory problems, perceive their memory problems as more severe, and have more problems with support. Patients who reported more functional impairment, more memory difficulties, and had more errors on the Blessed Test felt their memory problems were more severe. Patients' understanding of their memory problems was greater when they reported receiving a dementia diagnosis from their physicians and had lower self-rated health. Overall, interview data had good reliability and validity showing that cognitively impaired adults can offer a unique perspective for understanding dementia and its care.

Possible Selves and Alzheimer's Disease. V. Cotrell, Portland State University, GSSW, PO Box 751, Portland, OR 97207, & K. Hooker, Oregon State University, Corvallis, OR 97339

This study seeks to understand how older adults perceive and respond to the onset of intellectual frailty and to assess the usefulness of possible selves and related self regulatory mechanisms as a framework for investigating the perspective of persons with dementia. Perceptions of hoped and feared future selves of both cognitively impaired (N = 50) and healthy older adults (N = 50) were examined. Cognitive functioning, or dementia related selves (DRS), was an important aspect of self concept in 64% of individuals with AD. Unlike AD patients, self representations of healthy controls do not reflect a significant interest in cognitive functioning (16%). Family is prominent in the content of both groups. However, in the patient group the presence of hoped for outcomes in the domain of family is associated with increased positive and decreased negative moods. In controls, there is no such association. Neither the presence nor absence of DRS were associated with mood, but self regulatory variables associated with these selves were significantly related. More positive mood is reported by patients who feel closer to their hoped for outcomes and who perceive themselves as more capable of both achieving hoped for possibilities and preventing feared outcomes related to dementia. It is likely that the importance of dementia focused concerns is related to their associated cognitive appraisals. Family is particularly important as a positive outcome for patients, perhaps reflecting an investment in a domain that holds a realistic possibility for self gratification and maintenance of personal roles and self concept.

Support: NIA (F32 AG05810)

LONGITUDINAL ANALYSIS OF DEPRESSION IN PERSONS WITH ALZHEIMER'S DISEASE AND THEIR CAREGIVERS. M.J. McClendon, M.M. Neundorfer, K.A. Smyth, J.C. Stuckey, M.E. Strauss, M.B. Patterson, University Alzheimer Center, 12200 Fairhill Rd. Cleveland, OH 44120.

This study examines the effects, over time, of both depressive symptoms and dependency in activities of daily living in persons with Alzheimer's disease on depression in their family caregivers. In a sample of 353 patients and caregivers followed in an Alzheimer Disease Research Center, patient depressive symptoms (CERAD Behavior Rating Scale for Dementia) and ADL dependency (Cleveland Scale of Activities of Daily Living) were used to predict caregiver depression (CES-D), using multilevel longitudinal analysis to accommodate cases with varying numbers of data points across varying time intervals. The rate of change in caregiver depression was positively related to both the rate of increase in patient depressive symptoms and in patient dependency in instrumental activities of daily living. Acceleration of the increase in caregiver depression was predicted by acceleration in patient dependency in instrumental and basic activities of daily living, but not by acceleration in patient depressive symptoms. These findings indicate that the dynamics of caregiver depression are independently related to both the mood and the functional status of the patient.

POSITIVE AFFECT AMONG LONG-TERM CARE RESIDENTS WITH DEMENTIA: AN EMPIRICAL ANALYSIS OF THE CORRELATES

N.L. Chappell, R Colin Reid Centre on Aging, University of Victoria, PO Box 1700, STN CSC, Victoria, BC, Canada. V8W 2Y2

Positive affect at admission is one of the few identifiable predictors of outcomes such as agitation, cognitive function, social skills and expressive language skills one year after admission among residents with dementia in long-term care facilities (Chappell & Reid, 2000). This study examines the correlates of affect at admission and compares them with the predictors of change in affect one year after admission for the same sample. Data are based on 77 long-term care facilities (both SCUs and non-SCUs) participating in the Intermediate Care Facility Project, conducted between 1996 and 1998 in British Columbia, Canada. OLS multiple regression analyses show that residents admitted to facilities with specialized dementia environments and those admitted to special care units tend to have higher levels of positive affect. Of the resident characteristics, only expressive language skills correlates positively with affect. These correlates do not coincide with predictors of change in affect one year after admission (whether the facility is considered gold standard by experts, ownership, and number of beds). A discussion of the efficacy of influencing the correlates of affect for the purpose of enhancing resident outcomes follows. (BSS-17)

SYMPTOM UNAWARENESS AND THE BREAKDOWN OF THE ILLNESS NARRATIVE IN DEMENTIA

A. Phinney, UCSF, Dept. of Physiological Nursing, Room 611Y, San Francisco, CA 94143

Research and clinical experience have shown that people with mild to moderate dementia are often unaware of their symptoms. The purpose of this hermeneutic phenomenological study is to explore how symptoms are experienced by the person with dementia as salient or not salient, and the effect this has on their ability to tell the story of their illness. Nine community dwelling people with a diagnosis of Alzheimer's disease took part in the study (MMSE range 16-23). Repeated in-depth interviews were conducted both with the participant and their family caregiver, and observations were made of the family at home as they went about their usual activities. Results of the interpretive analysis show how symptoms of dementia are sometimes a prominent experience and at other times are barely perceptible. There are four distinct ways by which symptoms show up in everyday life. (1) symptoms such as forgetfulness or being lost stand out as significant problems and a marked change from how people were before; (2) symptoms are revealed as vague indistinct changes. For example, people have the sense that they are more forgetful, but they are unable to tell a clear coherent story of this experience; (3) symptoms recede to the point where the story can only be told by someone else. People are in the uncomfortable position of realizing that there is supposed to be something wrong with them, but they do not really feel it themselves; (4) symptoms do not exist for the person in any way and there is no story to be told. Most of the participants experienced symptoms in all four of these ways at different times. As a result, a clear coherent narrative of their illness experience does not really exist. Discussion will focus on the implications of this for how the person understands the meaning of their illness.

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EMOTION AND AGING: STUDIES IN MEMORYAND AFFECT REGULATION.

S.T. Charles & H.H. Fung, Stanford University, Dept. of Psychology, Jordan Hall, Bldg. 420, Stanford, CA 94305-2130.

B. Knight, M. Maines, & G. Robinson. Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191. Age differences in the mood congruence phenomenon.

M. Mather & M. K. Johnson, Psychology Department, Princeton University, Princeton, NJ 08544. Affective review and schema reliance in memory in older and younger adults.

M. Pasupathi. Department of Psychology, University of Utah, Salt Lake City, UT 84105. Talk about the personal past: Age, gender, and emotion.

S. Staats, E. Rossiter, & K. Cohen. The Ohio State University at Newark, OH 43055-1797. Decline in affect intensity with age: Gender and qualitative considerations.

G. Labouvie-Vief. Department of Psychology, Wayne State University, Detroit, MI 49202. Modes of affect regulation and later life affective development.

Discussant:

J. Nesselroade. (Dept. of Psychology, University of Virginia, Charlottesville, VA 22904).

In the past decade, studies of emotionality across the life span have revealed that emotional functioning remains relatively well preserved in old age. In fact, some studies suggest that older adults are more adept at regulating their emotions and that they prioritize emotional goals to a greater extent than younger adults. This symposium presents current research on age differences in emotional processes, such as memory for emotional stimuli, the emotional content in the recall of past events, self-report of emotional intensity, and processes of emotion regulation. Researchers will present findings in the context of current life-span developmental models of emotion.

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COHORTS AND CULTURE: A STUDY OF CHANGE.

H. Akiyama, University of Michigan and University of Tokyo, 426 Thompson Ave. Ann Arbor, MI 48109-1246.

PARTICIPANTS:

L.E.Brown & R. Fuhrer (University College London), London UK. Socioeconomic position and change in cognitive function in late mid-life: A

British Cohort Study (Whitehall II).

R. Fuhrer, C. Helmer, T.C. Antonucci, J.F. Dartigues (University College London, University of Bordeaux II, University of Michigan), London, UK. Social relations, social position and mortality in a cohort of French older Adults (The Paquid Study).

A. Merline & H. Akiyama(Dept of Psychology & Institute for Social Research) Ann Arbor. Historical Patterns in Aging: A Cohort Analysis of Depression.

A.M. Sherman (Dept. of Public Health Sciences, Wake Forest School Of Medicine) Winston-Salem. Gender Social Relations and Depressive Symptoms.

J.W.Brown, J.Lian, N.Krause, H. Akiyama, H. Sugisawa (The University of Michigan), Transitions in Living Arrangements Among the Elderly in Japan.

This symposium capitalizes on both cohort and longitudinal data to explore the changing experience and meaning of specific psychological and physical health events. We utilize data from the US, Japan, France and England to further our understanding of these concepts.

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PLANNING FOR THE FUTURE: PREPARATION FOR CARE NEEDS BY OLDER ADULTS AND THEIR FAMILIES

S. Sörensen, FHD, Utah State University, Logan, UT 84322-2905 & M. Pinquart, Psychology, Am Steiger 3, Haus 1, University of Jena, D-07764 Jena, Germany

PARTICIPANTS:

C. Berg (University of Utah, Salt Lake City, UT) Proactive Problem Solving in the Context of Achieving Life Goals.

K. McGrew (Scripps Gerontology Center, Oxford, OH) Obstacles to Overcoming Inertia about Planning

R. Allen-Burge (University of Alabama, Tuscaloosa) Advance Care Planning in Nursing Homes: Measuring and Predicting Resident Capacity

P.E. Moen & M.A. Erickson (Cornell University, Ithaca, NY) Stability and Change in Moving Plans

M. Pinquart (Univ. of Jena, Germany), S. Sörensen (Utah State Univ.), & A. Davey (University of Georgia, Athens) National and Regional Differences In Preparation For Future Care Needs.

DISCUSSANTS:

J. Smith (Center for Lifespan Psych., Max Planck Institute for Human Development, Berlin, Germany)

R. Blieszner (Virginia Polytechnic Institute and State University)

Older persons are often faced with concerns about future care needs. However, there is great variation in the extent to which seniors prepare for these needs. Recent research on future planning has taken a variety of perspectives that focus both on individual processes of older adults' preparation activities and on contextual factors that inhibit or enhance preparation. The purpose of this symposium is to present and integrate these perspectives, including an international focus. Beginning with cognitive strategies for proactive problem solving, decision-making competence, and individual barriers to planning, we first discuss older individual's decision-making ability and approach to future planning. Subsequently, community resources and the socio-cultural contexts of decisions about future care are considered. Discussants will explore both conceptual and applied implications of the studies presented.

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RAMIFICATIONS OF INNOVATIVE RESEARCH AND PRACTICE PROGRAMS ON CREATIVITY AND AGING FOR EDUCATION AND POLICY DEVELOPMENT

A. Sherman, Consortium of New York Geriatric Education Centers & The Center for Creative Aging, New York University, Division of Nursing

G. Cohen, Center on Aging, Health and Humanities, George Washington University, Washington, DC.

A. Basting, Center for Twentieth Century Studies, University of Wisconsin-Milwaukee.

Discussant:

P. Terry, Coordinator, Office for Accessibility, National Endowment for the Arts, Washington, DC.

The metaphor of creativity and aging provides a new approach to growing older that includes possibilities for aging with self-expression and dignity. The recent findings of humanistic and social gerontology show that creativity remains a powerful source of growth throughout the life cycle.

Prevailing myths and misconceptions about aging and creativity influence research, practice and policies. This symposium highlights three best practice programs that demonstrate the universality and importance of creativity and aging. Participants will discuss the assessment of a community's available resources for creative aging programs, program evaluation and sustainability, creation of linkages between creative aging programs nationwide and maximization of program visibility in the local arena.

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A BRIEF SCREENING TOOL TO ASSESS NEED FOR INTENSIVE SOCIAL WORK CASE MANAGEMENT IN COMMUNITY CARE.

S. Diwan, School of Social Work, Georgia State University, Atlanta GA 30303. sdiwan@gsu.edu

Most long-term care programs treat case management as an undifferentiated, administrative activity, where one size fits all. However, case managers struggle with the problem of how to allocate case management resources to individuals who vary in their need for case management. A variety of factors that put individuals at risk for needing intensive case management include client characteristics such as dementia, behavioral problems, and non-compliance with treatment; caregiver characteristics such as poor caregiver health and mental health, and a conflicted or problematic relationship between client and caregiver; and service provider issues such as unreliability or inconsistency in service provision. This study presents the development of a brief screening tool for use by case managers to determine which clients may need more intensive levels of case management. Using data from a case management time study (n=242), and a content analysis of 70 cases in a Medicaid waiver-funded HCBS program, this study highlights factors that are useful in predicting need for intensive, social work case management. Kappas for inter-rater reliability for coding the items range from .70 to .94. T-tests provide evidence of discriminant validity for mean differential time use associated with each variable. The content analysis presents further detail on substantive issues that are used to operationalize each item.

This tool will allow for better allocation of case management resources in terms of case manager time and in type of social work expertise needed to address these issues. Tailoring case management services to meet client needs will enable clients to stay longer in the community, experience better quality of life, and greater satisfaction with the home care program.

EVALUATION OF A PROGRAM OF CASE MANAGEMENT & SUPPORTIVE SERVICES FOR FRAIL, LOW-INCOME ELDERS.

L. Osterkamp, P. Critchfield, J. Santon, Boulder County Aging Services, Boulder, CO 80306.

Assessing benefits of community programs for frail elders presents a challenge for evaluators looking for positive outcomes in a population whose capabilities are declining. To assess a program that has provided case-management and supportive services to frail, low-income elders since 1994, evaluators reviewed and analyzed case information on all participants: 42 current and 48 discharged. Participants were found to have a high incidence of physical, mental and functional limitations that predict nursing home placement. Although 80% of participants received 4 or fewer hrs/wk of personal care services through the program, current participants have been maintained at home an average of 38 months; 43% for 4 years or longer. Of the 48 discharged participants, only 23% went to nursing homes. Yearly costs of care-coordination and services average $2,520 per participant. Helping this population remain independent appears to be a large return on a small investment by the community.

ALLOCATING SCARCE HOME CARE RESOURCES IN MASSACHUSETTS: AGENCY, CLIENT, AND CASE MANAGER PREDICTORS OF CARE PLAN DECISIONS

K.N.Corazzini, Gerontology Center, University of Massachusetts Boston, 100 Morrissey Blvd., Boston, MA 02125

To date, relatively little gerontological research has quantitatively modeled the decision making processes of case managers (Kane 1995). Case managers are the front-line workers responsible for care plan development, utilizing professional judgement in home care service allocation. Therefore, understanding these processes is vital to accurate home care policy development. This project utilizes Rossi and Nock's (1982) factorial vignette survey methodology to quantitatively model agency, client, and case manager predictors of care plan decisions. Vignettes were included in a mail survey of case managers in the Massachusetts State Home Care Program (response rate=70%; N=355). Multivariate regression analyses show direct effects of client and case manager characteristics on care plan decision, including characteristics such as client receptivity to services ($p<.001$). Interestingly, work environment measures such as work pressure show interactive effects with client characteristics such as client demeanor on care plan decision. Discussion includes implications for staff training and supervisory practices.

IMPACT OF GERIATRIC INTERDISCIPLINARY TEAM TRAINING (GITT) ON PROBLEM IDENTIFICATION AND FOLLOW-UP IN A PRIMARY CARE OUTPATIENT CLINIC

J. Bolger, A. Culbertson, E. Dunlop, A. Drysdale, V. Hammonds, T. Ross, P. Scott, J. Winger, T. Hornick, Cleveland VAMC, Cleveland, OH 44106

Although a team approach is believed to improve patient care, few studies have demonstrated the impact of teams in improving patient problem identification and follow-up within a primary care setting. We investigated the impact of team training which led to the adoption of an interdisciplinary team problem identification and treatment form to improve the identification and follow-up of health problems in patients within our Geriatric Medicine Primary Care outpatient clinic. Six month chart reviews were conducted on new patients enrolled in our clinic across two conditions: prior to and following a regional GITT program.

Ninety patient charts were reviewed (45 in each condition) by equal representation of the disciplines of medicine, nursing, psychology, and social work across the two conditions. Results suggest similarity of patients across conditions as the total number and types of problems/disorders did not differ. The number of problems documented by the team as opposed to individual disciplines increased (5 pre vs. 271 post) during the initial visit, and two problems, "health care coordination" and "end of life planning issues" were identified more often post training. The number of new problems identified during follow-up visits decreased one-half (124 pre vs. 64 post), and the percentage of problems not addressed during follow-up visits decreased (31% vs 23%) post training.

While a chart review method can lead to some error (i.e. some problems could have been addressed but not documented), GITT improved team communication resulting in adopting an interdisciplinary team form. This led to improved initial problem identification and better follow-up of health care problems. More emphasis was placed on documenting active as opposed to previously resolved problems and review of the team form during follow-up visits insured that identified problems were addressed. In addition, GITT led to greater team understanding of the complexity of our patient's health problems and our primary care providers' efforts to treat multiple problems simultaneously.

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ADVICE FROM OUR ELDERS: LINKING RESEARCH AND EDUCATION

C.C. Rizza, Slippery Rock University, 182 Brent Road, Grove City, PA 16127-3510

Students need to understand (1) the ways in which historical events, social location and opportunity structures influence aging, and (2) the research process. In this project, students were required to interview an older person four times during the semester. Nineteen older persons ranging in age from 64 to 86 were asked a variety of quantitative and qualitative questions. Data shown here focus on the qualitative questions in which students asked for "advice:" (1) what would respondents change about their life; (2) what advice did they have for (a) young people about working, (b) older persons about to retire, and (c) health professionals; and (3) what would they most like to pass on. Six of the 13 women stressed the need for education. Students were admonished to be loyal, honest and dependable as employees. Health professionals were asked to be more respectful, to listen, to educate, and to care. Respondents overall advice focused on the importance of relationships. The specific advice given is related to the life experiences of the elder. Student evaluations indicate the project helped them to understand qualitative research and to learn about aging and life.

BENEFITS OF GERIATRIC TRAINING FOR COMMUNITY HEALTH CENTERS

C.D. Etkin, S.E. Levkoff, D.A. Lindeman. Rush Institute for Healthy Aging. Chicago, IL 60612.

While Community Health Centers (CHCs) are mainly known for serving women and children in underserved areas, a growing number of centers are serving older adults. This changing population base means that CHC providers will require more training about providing care to their new older adult clients.

We conducted a national survey of 51 CHC Directors to determine their priorities for geriatric training. The four content areas identified as priorities were: Alzheimer's Disease, Depression, Medication Management and general business issues. We provided training at seven state-level Primary Care Association meetings and two Health Resource and Services Administration Regional meetings. Evaluations were conducted both immediately after the educational intervention and at an 18-month follow-up point. Initial results indicated that the four workshops were successful in stimulating participants to express intention to change their practice with older clients. The final results will be provided so that participants will be able to understand how to better prepare their clinics for a changing population base.

BACCALAUREATE CAREER TRACKS IN AGING: A PROFILE OF RECENT GRADUATES

JoAnn Damron-Rodriguez, LCSW, PhD, GRECC (11G), VAGLAHS, 11301 Wilshire Blvd., L.A., CA 90073; Brooke Funderburk, MSW, UCLA School of Public Policy and Social Research; and David H. Solomon, MD, UCLA, Dept. of Medicine, Geriatrics.

Purpose: To meet the personnel needs of a burgeoning older population, career-tracking is needed at the baccalaureate level. This study identifies career tracks and profiles baccalaureate alumni who pursue careers in aging. Preliminary findings will be followed up with career tracking through 2004. **Methods:** Baccalaureate alumni who had taken at least one elective course on aging (n=159), and a stratified random comparison group (n= 184), completed a Career Tracking Survey. Careers were defined in terms of pursuing graduate study and/or employment in the field of aging. **Results:** Twenty-five percent of those who took an aging course pursued graduate study in aging, as compared to 9% of those who didn't take a course. Eighteen percent of study group alumni worked or volunteered in aging, versus 5% for comparison alumni. Study group alumni studying and/or working in aging were predominantly women (61%) and European-American (47%) or Asian-American (42%). **Conclusions:** Graduate study in aging is the most common career track into the field of aging for baccalaureate alumni. Offering a gerontology elective course has the *potential* of attracting significant numbers of students to careers in aging. **Implications:** Longitudinal study is needed to further study recent graduates' career trajectories and resilience of interest in the field of aging. *Funded by the Merck Company Foundation.*

DEFINING COMPETENCIES IN GERIATRIC SOCIAL WORK: THE VOICE OF STAKEHOLDERS

Edna Naito-Chan, MSW, Community Care (10H5), VA GLAHS, 11301 Wilshire Blvd., Los Angeles, CA 90073, JoAnn Damron-Rodriguez, PhD, LCSW, VA GLAHS, Judith Axonovitz, MSW, University of Southern California, W. June Simmons, LCSW, Partners in Care Foundation.

Purpose: While the demand for geriatric social work services grows to meet the bio-psycho-social needs of a rapidly aging population, there are no commonly accepted competencies in geriatric social work. To address this, a needs assessment was conducted. **Methods:** Major stakeholders in geriatric social work services were identified: older adults, caregivers, recent social work graduates and employers in the field of aging. Four focus groups (n=33) using structured interviews were conducted to assess needed geriatric social work competencies. **Results:** Consensus reached by all groups on primary competencies included: knowledge of resources, case management and advocacy, and sensitivity towards diversity. Providing emotional support, including listening empathetically, was the most commonly cited competency. Older adults and caregivers reported a lack of understanding of what social workers do. Employers cited the ability to do a comprehensive geriatric assessment as a critical social work skill. **Implications:** The social work profession must educate the public about the role of social work in the field of aging. Academic and field curricula need to be integrated to address competencies currently needed in geriatric social work. *Funded by the John A. Hartford Foundation, Inc. and the Archstone Foundation.*

EDUCATION FOR AN AGING CALIFORNIA: LEGISLATIVE PARTNERSHIPS FOR WORKFORCE DEVELOPMENT

Neelam Gupta, GRECC (11G), VA GLAHS, 11301 Wilshire Blvd., Los Angeles, CA 90073, JoAnn Damron Rodriguez, VA GLAHS, Robert MacLaughlin, California Department of Aging, Pauline Abbott, California State University, Fullerton, Barbara Gillogly, Sue Ward, American River College.

Purpose: A partnership was formed between the California Council on Gerontology and Geriatrics (CCGG), the state Senate Subcommittee on Aging and Long-Term Care, and the state Senate Committee on Education to promote better public policy for California's older adults. CCGG is an association of 200 professionals and 40 universities and training centers providing leadership to promote education policy. **Methods:** To ensure a diverse coalition, CCGG has recruited membership from all educational system levels as well as key aging organizations. To formalize the partnership between the Legislature and CCGG, a letter of agreement was developed. With Governor Gray Davis's current policy focus on education, the 2000 annual hearing agenda was framed to focus on the workforce needs of a young state in the context of the aging trend. **Results:** The topic areas covered in the hearing include: 1) The demographic imperative; 2) The state's educational resources in aging; 3) Personnel demands in health and social services; 4) Multigenerational education; and 5) Recommendations for education. Attendance was over 200 people including the California Commission on Aging. As a first step, two legislative bills have been introduced: 1) Physician education and 2) Loan forgiveness for geriatric nurses and social workers. **Implications:** Legislative and university partnerships foster climates for policy action translating into education for workforce development.

DEVELOPING AGING COMPETENCIES FOR ALL SOCIAL WORKERS: A NATIONAL PROJECT REPORT

J. Zlotnik (Council on Social Work Education, 1725 Duke St, Suite 500, Alexandria, VA 22314).
A. Rosen (Council on Social Work Education, Alexandria, VA 22314).

Strengthening Aging and Gerontology Education for Social Work (SAGE-SW), a project of the Council on Social Work Education, is funded by the John A. Hartford Foundation of New York City. *SAGE-SW* has conducted a unique national survey of social work competencies for working with an aging population. The survey sought to determine those competencies ALL social workers should have to work with a growing aging population and those that are needed only by specialists. The national survey included social work academics and practitioners, and those with and without interest in aging. The presentation will describe the project, the methods by which the competencies were developed, the results of the national survey, and steps to make competencies operational.

STAYERS AND LEAVERS: PROFESSORS IN AN ERA OF NO MANDATORY RETIREMENT

Lorraine T. Dorfman, The University of Iowa, Iowa City, IA 52242.

Age-based mandatory retirement ended nationally in American higher education in 1994. Yet, little research since that time has compared professors who continue to work beyond the former mandatory retirement age (70) with professors of the same age who choose to retire. This interview study uses both quantitative and qualitative data to 1) compare personal and professional characteristics of professors who continue to work in their career jobs after age 70 with professors of the same age who retire; 2) explore reasons professors give for continuing to work or to retire; and 3) compare satisfaction levels of the employed and retired groups. Respondents were 17 employed (response rate 94%) and 54 retired (response rate 83%) professors aged 70-74 from a major research university, the institutions most likely to be impacted by the end of mandatory retirement (Hammond & Morgan, 1991). Chi-square tests of contingency and Mann-Whitney *U* tests, as well as content analysis of the tape-recorded open-ended questions (inter-rater reliability = .93) revealed that employed professors were 1) less likely to be married or to have children and grandchildren and 2) were more strongly oriented to the professional role and professional ties outside the university than were their retired counterparts. Employed professors said they continued to work mainly because they enjoyed it, whereas retired professors said they retired because they wanted to do other things, felt it was time to retire, or had workplace concerns. Both faculty groups showed high levels of life satisfaction. Implications are discussed.

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OVER THE RIVER AND THROUGH THE WOODS: THE TRANSPORTATION BARRIER FOR RURAL ELDERS

D. J. Kleesattel, H. Ravdal, Ph.D. Program in Gerontology, University of Kentucky, Lexington, Kentucky 40536-0230.

Previous research has shown that elders in rural areas are typically disadvantaged in terms of community and individual resources. However, even if resources exist, rural elders are often unable to access them due to lack of transportation. This study was conducted in two eastern Kentucky counties: one defined by the Appalachian Regional Commission as economically distressed and the other defined as a transitional county. Through interviews with service administrators, community leaders, and elders themselves, the study examined the availability and use of transportation to access senior centers and physician care. A comparative overview of the means of transportation and the structure of the organizations that provide it suggests that, while various options exist, they fail to meet the needs of the elders in these communities. Not only are the options cost prohibitive; they are limited in geographic range. Case examples show that elders who reside the greatest distance from the business center where the service is located, are the least likely to benefit from any transportation option and thus, the services they are entitled to use are in effect unavailable to them. The findings revealed have implications for future allocation of resources and planning of new services within such communities.

DIGITAL DIVIDE OLDER ADULTS WITH IMPAIRED VISION

C. Stuen & T. D'Allura, Lighthouse International, 111 East 59th Street, New York, NY 10022

Computer ownership among all US households is 50%, however, ownership and usage decline with age. Among older adults age 60-69, 31% own or use a computer and among the 70-79 age group, it is 16% and less than 4% for those over the age of 80 (SeniorNet, 1999). Lighthouse International conducted a follow-up survey with consumers whose cases were closed during the previous 3 months. In response to a question about planning for future programs, computer training was indicated by 32% of the respondents (N=132). Among the 65 and over respondents, 42% expressed interest in expanded computer training.

A recent Microsoft survey (1999) documents that both computer users (89%) and non-users (83%) felt strongly that libraries and community colleges are excellent places for older adults to learn more about computers although their preference was for classes with their peers. Older adults with impaired vision are in a double jeopardy situation because not only do they need to learn how to use a computer, they need to have the adaptive technology to overcome their particular vision impairment. Since 26% of adults over the age of 75 report a problem with their vision, issues of access, affordability and appropriate training are critical to consider in offering computer access to the growing population of older adults. This presentation offers an introduction to the adaptive technology available for older adults with normal age-related eye changes as well as those with more severe impairment and has tremendous implications for conveyance of health promotion and service information to all older persons.

THE EFFECTIVENESS OF CROSS-TRAINING OF PROFESSIONALS IN THE AGING, MENTAL HEALTH, AND SUBSTANCE ABUSE NETWORKS

J. M. Kinney and S. R. Kunkel, Scripps Gerontology Center and Department of Sociology, Gerontology, and Anthropology, Miami University, Oxford, OH 45056.

Funded by the Health Foundation (Cincinnati, OH), the ultimate goal of the ElderReach project is to create a seamless service delivery system for older adults with mental health and/or substance abuse problems. As of April 2000, 110 professional from the aging, mental health and substance abuse networks (90% female, M length of employment in the network = 11.7 years) had completed a 6-hour, cross-network training program and participated in a pre-test/post-test evaluation of the training program. The training program, which is ongoing, was designed to provide participants with a common knowledge base concerning physiological aspects of aging, mental health concerns (i.e., depression, dementia, delirium, delusional disorders), and alcohol misuse among older adults.

Pre-test data indicated relatively little interaction (e.g., consultations, referrals) among professionals across the three networks. Pre-test/post-test comparisons using t-tests revealed that following training, participants believed they were significantly more knowledgeable about physiological aspects of aging, mental health issues, and alcohol misuse (all $ps < .01$). In addition, participants were significantly more confident that they could identify and work with a client who demonstrated difficulty in each of these areas (all $ps < .01$). Finally, participants reported that they were significantly more knowledgeable about how to make a referral and significantly more likely to make a cross-network referral for an older client (all $ps < .01$).

A COMPARISON OF OLDER ARKANSANS' ATTITUDES TOWARD COMMUNITY SERVICES.

M.J.Turner, Ph.D., W.A.Brosi, M.S., M.W.Brosi, M.S., School of Human Environmental Sciences, University of Arkansas, Fayetteville, AR 72701

The purpose of this study was to examine differences in the attitudes toward community services among older Arkansas residents. The study was completed in 1999 and included 1,583 residents over the age of 55 living in eight retirement communities throughout Arkansas. Four of the communities were designated as planned retirement communities. The other four were identified as naturally occurring/aging-in-place communities. The sample was divided into four age categories. The first category consisted of individuals 55-64 years of age (N=343), the second included those 65-74 yrs. (N=615), the third included those 75-84 yrs. (N=396), and the fourth category included those 85+ years (N=93) of age.

The results of the study indicate that older adults, ages 85+, were more likely to positively view and be satisfied with community services, growth in the community, and the quality of life in their community than those in the younger age groups. ANOVA results revealed a significant difference in satisfaction with services in the community ($F_{(3,1258)}$=7.26, p=.000), revealing adults age 85+ were much more satisfied. Significant differences were also found in attitudes toward quality of life offered by the community ($F_{(3,1307)}$ =4.67, p=.003). These results provide understanding of the attitudes toward services of the oldest-old, the fastest growing age group, which is essential if we are to be well prepared to meet aging needs in the future. SRPP 20

PERCEIVED THREATS TO PERSONAL SECURITY WHEN TRAVELLING.

N. Webster, J. Gow M. Gilhooly, K. Bainbridge, K. Hamilton, M. O'Neill

Centre of Gerontology and Health Studies, University of Paisley, Paisley, PA1 2BE, Scotland.

U.K. transport policies for the future aim to reduce car use and promote public transport. These goals may be particularly difficult to achieve when increasing numbers of people have travelled by car for most of their lives and may have unfavourable perceptions of public transport. To target improvements to public transport at the right areas, it is important to study how present and potential users perceive the provision. This was an exploratory

study which used nine focus groups and several open-ended interviews to explore the concerns of older people when travelling. Personal security emerged as an important barrier to the use of public transport especially at night. The occurrence and origins of feelings of insecurity were investigated in the discussion groups. Results showed that the behaviour of other passengers, especially schoolchildren, was a source of concern on transport. When waiting for transport, low levels of activity, lack of surveillance, poor design and upkeep of the environment also led to feelings of insecurity. Interesting divisions arose between those who perceived barriers as arising from internal or external factors. The issue of security must be addressed before policies that promote public transport use can produce results.
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AGING IN ASIA: SOCIAL AND CULTURAL PERSPECTIVES

Hyunsook Yoon, Graduate School of Social Welfare, Hallym University, Chunchon, Kangwondo, Korea 200-702
Jon Hendricks, University Honors College, Oregon State University, Corvallis, Oregon 97331-2221

PARTICIPANTS:

Phoebe S. Liebig (Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191) & P. V. Ramamurti, Centre for Research on Ageing, S. V. University, Tirupati, India 517 502, India) Social and Cultural Perspectives on Aging in India

Hyunsook Yoon (Graduate School of Social Welfar, Hallym University, Chunchon, Kangwondo, Korea 200-702) Family Caregiving and Long-Term Care Services for the Frail Elderly in Korea

Tan Poo Chang (Faculty of Economics and Administration, University of Malaysia, Pantai Valley, Kuala Lumpur 50603, Malaysia) Older Persons as Key Resources in Community, Environment and Development in Malaysia

DISCUSSANTS:

Namkee G Choi (School of Social Work, State University of New York, Buffalo, NY 14260-1050)

Among the factors thought to affect and alter the experience of growing older in Asian countries, culture, politics, demographics, and social economic change have been acknowledged as highly influential. Existing family structures, as an outgrowth of each of the above are also important. The relative importance and shifting alignment of these factors emerges from a cross-national comparison of aging in Asia and the goal of this symposium is to explore the permutations as they are found in three selected Asian countries where aging issues have emerged as increasingly important. Shifts in cultural perferences are brought about as the population itself grows older and as productive and economic pursuits come to reflect the global marketplace. Traditional prescriptions for the treatment of older persons are challenged by economic change and by the political accommodations made in the face of economic pressures. India, Korea, and Malaysia each face unique circumstances but at the same time reflect the influence of global economic linkages.

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THE IMPACT OF MARKET CHARACTERISTICS ON MEDICARE EXPENDITURES FOR SNF POST-ACUTE EPISODES OF CARE.

PARTICIPANTS:

S. Neuwald, Dr.PH., Oklahoma Department of Human Services, P.O. Box 25352, Oklahoma City, OK 73152

Jane Banaszak-Holl,Ph.D., Assistant Professor, University of Michigan, School of Public Health, 109 S. Observatory, Ann Arbor, Michigan 48109-2029

The annual growth rate for Medicare spending on post-acute care between fiscal year 1990 and fiscal year 1996 was 23.2% in contrast to overall Medicare annual growth rates of 8.5%. Several environmental factors have created incentives for post-acute utilization: The Medicare hospital prospective payment system by encouraging the unbundling of services, the Omnibus Budget Reconciliation Act of 1987 by eliminating the distinction between ICF and SNF care, managed care by imposing financial constraints on inpatient care, and Medicare SNF reimbursement (prior to the Balanced Budget Act of 1997) by paying on a cost reimbursement basis. Previous studies have identified SNF facility characteristics which predict Medicare nursing home costs, ignoring the impact that hospitalization has on those costs. Studies at the facility level also have the potential of selection bias in that case mix severity often is the most important factor in cost differences between freestanding and hospital-based SNFs. This presentation reviews findings from a two-stage model on 1) factors influencing hospitals and nursing homes to offer post-acute care and 2) the role of market characteristics on Medicare Part A expenditures over an episode of care. It specifically focuses on the effect that the predominance of hospital versus freestanding SNF post-acute providers in a market has on Medicare patient expenditures. The patient population is diabetics with End-Stage Renal Disease. Policy implications will be identified regarding the role that post-acute market structure has on patient expenditures. Additional discussion will elaborate on 1) patient and population characteristics affecting expenditure patterns; 2) implications for patient education and access to care; and 3) the need for additional case-mix identifiers to more precisely predict patient expenditure variation. Next steps include the need for market analyses of other patient populations utilizing Medicare-funded post acute services.

SECONDARY HEALTH CONDITIONS AMONG OLDER ADULTS WITH CHRONIC PHYSICAL DISABILITIES: IMPLICATIONS FOR "UNMET NEEDS" FOR SERVICES

M.L. Campbell, National Institute on Disability and Rehabilitation Research, U.S. Department of Education, Office of Special Education, Washington, DC, 20202;
D.J. Sheets, Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191

For the first time in history, many individuals with significant disabilities are surviving into later life. Unfortunately, as they age, many are experiencing the onset of secondary conditions--new health problems and functional changes. Preventing secondary conditions has become a major public health goal for the 21st century. Cross-sectional data from a federally-funded regional survey of Aging with Disability (AwD) are used to examine variations in the types and frequency of secondary conditions experienced by 221 older individuals living with the chronic effects of three disabling conditions: Polio (n=87), Rheumatoid Arthritis (n=58), and Stroke (n=76). Analyses also examine changes in use of assistive devices and "unmet needs" for services. Differences in secondary conditions were examined within the AwD sample by impairment group and between samples by comparing AwD rates to national estimates for the same cohort. Results reveal significant differences in the types of new health problems reported by persons living with Polio, RA, and Stroke, and document marked disparities between disabled and non-disabled adults. Findings are discussed in terms of the changing health care needs of persons aging with disability, and the importance of improving access to preventive services, ongoing rehabilitation, and assistive technology.

Post-Acute Care for Hip Fracture In SNF: Who Entered and Received an MDS Assessment in Case-Mix States During 1995-1997?

K. Berg, O. Intrator, CGHCR, Brown University, Providence, RI 02912

To date few studies have focused on outcomes of patients admitted to skilled nursing facilities (SNF) following hip fracture. The objective of this preliminary study is to examine what proportion of patients discharged from hospital are admitted to SNF for all or part of their post-acute care. Using Medicare claims and Minimum Data Set (MDS) assessments, we structured a history of health service use following an index hospitalization for primary diagnosis of hip fracture between June 1, 1995 and May 1, 1997 in NY, ME, SD, KS and MS for patients who were at least 66 years of age. We excluded 4.6% of patients who were HMO members. Overall, 50% of patients with hip fracture were admitted to SNF either directly or following a rehabilitation hospital stay. Of these 22,321 patients, only 50.1% had an MDS assessment during their initial SNF stay, the remainder were either rehospitalized (13.4%), had a later stay in the nursing home (18.8%), were discharged home with home care services (29.8%) or had no subsequent Medicare claims or MDS records, suggesting that they were discharged to the community (40%). The revenue codes from the SNF claims indicate that the majority of patients without an MDS assessment, did receive rehabilitation services during the SNF stay. With the implementation of nursing home PPS, incentives were created to admit patients do not require high intensity of services but who qualify for longer duration of treatment. It is not clear how PPS has affected the short stay orthopaedic patients. Furthermore, studies identifying patients based on MDS assessments within facilities may substanitally underestimate numbers of patients with hip fracture treated in SNF. SRPP-11

THE QUANTITY AND COST OF INFORMAL CAREGIVING FOR THE ELDERLY WITH DIABETES.

K Langa, S Vijan, C Blaum, M Kabeto, M Chernew, R Hayward, S Katz, R Willis, AM Fendrick
Department of Medicine and the Institute for Social Research, University of Michigan, Ann Arbor, MI 48109

Diabetes mellitus (DM) is a common chronic disease among the elderly that may result in disabilities requiring daily assistance from informal caregivers. We used data from the 1993 Asset and Health Dynamics (AHEAD) Study, a national longitudinal survey of people aged 70 or older (N=7,443) to determine the average weekly hours of informal care provided to the elderly with: 1) no DM; 2) DM, taking no medication; 3) DM, taking oral hypoglycemics only; and 4) DM, taking insulin.

After adjusting for sociodemographics, living situation, and comorbidities, there was a significant association of weekly hours of caregiving with DM category ($p<.01$) (Table). Using the mean 1997 wage for a home health aide ($8.30 / hr) as the value of a family caregiver's time, the expected yearly caregiving cost per DM case ranged from $3,800 for those taking no medications to $5,500 for those taking insulin. Using current DM prevalence estimates (NHANES), this represents an annual cost of more than $4.5 billion for DM-related informal caregiving in the US.

DM Category	Hours / Week	$ / Year
No DM	6.4	$2,800
DM, no meds	8.9	$3,800
DM, oral meds	9.9	$4,300
DM, insulin	12.7	$5,500

LEVELS OF DIRECTIVENESS IN HOME HEALTH CARE PRACTICE

T C Healy, Department of Social Work, University of Southern Maine, Portland, ME 04104-9300

Many of the ethical tensions experienced by social workers in home health care involve practice decisions concerning the support of frail elders' autonomy. There is considerable evidence indicating that the exercise of autonomy influences health status, use of medical care, feelings of well being and mortality rates. In practice, the levels of directiveness practitioners choose to use in their interactions with older adults are reflective of degrees of support of autonomy. The purpose of the present qualitative study was to examine the levels of directiveness imbedded in the manner in which social workers interacted with cognitively impaired community-dwelling elders. A convenience sample of seventeen home health care social workers in Maine, New Hampshire and Vermont participated in audiotaped interviews or discussions in which they shared their reflections about these interactions. Constant comparative methods were used for analysis of transcribed texts. Six levels of directiveness were found. Findings will be discussed in relation to the nonvoluntary status of clients, safety, and decisional capacity. Also, the levels of directiveness that emerged in this study will be compared to the findings of previous research.

THE QUALITY OF REHABILITATIVE CARE IN SKILLED NURSING FACILITIES: DOES MANAGED CARE MAKE A DIFFERENCE?

J.Y.Yip, K.H. Wilber, R.C.Myrtle, and V.W.Chan, Leonard Davis School of Gerontology, University of Southern California, Los Angeles, CA 90089-0191

Over the last decade, findings from studies comparing managed care and fee for service (FFS) have been mixed in terms of characteristics of the patient populations served.

treatments used for a given type of illness or accident and outcomes of care. Using interview data from 214 Medicare beneficiaries admitted to 3 skilled nursing facilities for rehabilitation, this study examined differences in patient's functional status at admission, discharge, and post-discharge. Functional status was measured by the Medical Outcome Study Short-Form 36 and Physical functioning scales from the Sickness Impact Profile (SIP). Patients' characteristics, treatment, and functional status were compared at three time points (admission, discharge, and 4 months post-discharge).

Results show that patients covered under the two payment structures did not differ significantly from each other in their personal characteristics and functional status at admission. Although managed care patients received significantly less physical and occupational therapy when compared to FFS patients, at discharge, those in managed care had similar functional status as patients under FFS. However, significant differences were found at post discharge between the two payment groups on the SF 36 physical functioning and social functioning measures, the SIP physical functioning measures, and change in mobility. Findings from multiple regression suggest that part of the variance in these measures is accounted for by personal care received after discharge. Policy implications for cost-containment will be discussed.

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OLDER ADULTS AS CAREGIVERS FOR DIFFERING CARE POPULATIONS.

N. Linsk, Jane Addams College of Social Work, University of Illinois at Chicago (JACSW/UIC).

Darka, O., (JACSW/UIC.) African American Caregivers of Elders with Dementia.

Poindexter, C. P. (Boston University), Assets And Needs of Older HIV-Affected Caregivers.

Linsk, N.L. (JACSW/UIC) and Mason, S., Institute of Juvenile Research, University of Illinois at Chicago. Older Kin Caregivers of Children Affected by the Parent's with HIV

Essex, E.L., (JACSW/UIC), Seltzer, M.M., (Waisman Center and School of Social Work, University of Wisconsin-Madison), Wyngaarden Krauss, M. (Heller School, Brandeis University). Division of Responsibility and well-being Among Older Mothers and Fathers of Adults with Mental Retardation.

Discussant: Keigher, S.M. (University of Wisconsin at Milwaukee.)

Older adults often serve as informal caregivers to an increasing range of family members; examples include other elders with dementing illness, HIV/AIDS affected relatives or children or adults with mental retardation, among others. Each care population has evolved a differing service and resource system, often not integrated with services for older adults. In fact, older caregivers often deny their health and mental health needs as a result of focus on other dependent family members. The symposium will present data from a number of studies that examine grandparent care and other care configurations where older adults are in caring roles, including the expressed reasons for care, what are the service needs of older caregivers, social support needs and especially how these differ among care contexts. The discussion will include how to incorporate these findings into a national, state and local caregiving policies.

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MEHTODOLOGICAL ISSUES IN THE MULTI-SITE AGING, MENTAL HEALTH AND SUBSTANCE ABUSE IN PRIMARY CARE INITIATIVE.

S. Levkoff, Harvard Medical School, Boston, MA 02115

PARTICIPANTS:

S. Bartels (Dartmouth College, Lebanon, NH 03766), J. McIntrye (Unity Health, Rochester, NY 14608), S. Levkoff (Harvard Medical School, Boston, MA 02115), J. Maxwell & A. McKinney (John Snow, Inc., Boston, MA 02110), P. Wohlford & B. Mcdonel Herr (CMHS/SAMHSA, 5600 Fishers Lane, Rockville, MD 20857), E. Olsen (Mt. Sinai VA Medical Center, Miami, FL 33140) Designing a Multi-Site Effectiveness Study in the Real World.

K. Miles (Dartmouth College, Concord, NH 03301), K. Linkins (UCSF, San Francisco, CA 94118), J. Maxwell (John Snow, Inc., Boston, MA 02110), C. Zubritsky (U Penn, Philadelphia, PA 19104), H. Sanchez (Harvard Medical School, Boston, MA) Conceptualizing and Measuring Dimensions of Integration.

M. Llorente (Miami VAMC, Miami, FL 33125), E. Coakley & J. Maxwell (John Snow, Inc., Boston, MA 02110), D. Krahn & B. Goodman (Madison VAMC, Madison, WI 53705) Integrated vs Referral Models of Geriatric MH/SA Services: Process Evaluation.

S. Levkoff (Harvard Medical School, Boston, MA 02115), G. Costantino (Sunset Park Family Health Clinic, Bklyn, NY 11220), C. Zubritsky (U Penn, Philadelphia, PA 19104), L. Quijano (Unity Health, Rochester, NY 14608) Implementing Cultural Competence in Minority MH/SA Research.

D. Oslin (U Penn, Philadelphia, PA 19104), M. Cody (North Little Rock VAMC, Little Rock, AR 72114), S. Levkoff (Harvard Medical School, Boston, MA 02115), J. Maxwell & E. Coakley (John Snow, Inc., Boston, MA 02110), J. Gallo (U Penn, Philadelphia, PA 19104) Preliminary Results Examining Multi-Site Variation in Case Identification.

DISSCUSSANT:

G. Gottlieb (Partners Psychiatry and Mental Health System, c/o MGH, Boston, MA 02114)

Many older adults needlessly suffer from depression, anxiety or alcohol problems. Unfortunately, relatively little is known on how to best deliver needed services to these populations. The Substance Abuse and Mental Health Services Administration (SAMHSA) (including the center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP), and Center for Substance Abuse Treatment (CSAT)), the Department of Veteran's Affairs (VA), and the Health Resources Administration (HRSA), have developed a unique collaboration, and funded a multi-site (11 sites in 8 states) initiative to compare and evaluate the effectiveness of integrated and referral models of providing mental health and substance abuse (MH/SA) care in primary care. We will provide an overview of our ongoing study, highlighting the methodology of our multi-site investigation, the development of dimensions to study integration of MH/SA in primary care, the findings from our ongoing process evaluation and site visits, the implementation of cultural competence in minority MH/SA research, and the initial findings regarding screening for MH/SA disorders.

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IMPACT OF NURSING HOME DESIGN INTERVENTIONS ON RESIDENTS WITH DEMENTIA, FAMILIES, AND STAFF

Benyamin Schwarz, Environmental Design, 141 Stanley Hall, University of Missouri, Columbia, MO 65211
Participants:
Habib Chaudhury and Ruth Brent, Department of Environmental Design, University of Missouri - Columbia
Teresa Cooney and Katie Dunne, Department of Human development and Family Studies, University of Missouri - Columbia
Jane Bostick and Marilyn Rantz, School of Nursing University of Missouri - Columbia

Many of the behaviors attributed to people with dementia are, in part, a consequence of non-therapeutic settings. Researchers and providers maintain that many of the negative behaviors commonly associated with dementia are reactions to inadequate care and treatment in inappropriate environments rather than symptoms integral to the disease.

The purpose of this study was to assess the impact of a designed nursing home environment on the residents with dementia, family members and staff. Although there is some evidence of the positive influence of a responsive physical environment on quality of care in long-term care settings, studies on socio-behavioral outcomes related to specific environmental variables are rare. The main research question of this study can be stated as follows: Do design interventions induce desirable outcomes for residents with dementia, families and staff?

The study was conducted in a Kansas City nursing home, that recently went through a major reconstruction. Attempting to capitalize on therapeutic goals and design principles of special care units for people with dementia, the renovations aimed at creating a more responsive physical environment for physically and cognitively impaired elderly. An interdisciplinary team of researchers, representing the disciplines of nursing, environmental design, and human development and family studies conducted the study. Combinations of methods were used to assess the impact of the environment on its users. A two-group pre-test/post-test design in which a sample of residents who were relocated to the newly designed wing of the facility (Treatment Group) were compared with a sample that remained in the more traditional setting (Control Group). By comparing the two groups before and after the design intervention (controlling for any baseline difference between them) on a number of issues, the researchers attempted to draw conclusions about outcomes induced by one environment versus the other. Instruments that were used in the study included the Professional Environmental Assessment Protocol (PEAP); Behavioral Mapping; personal interviews with residents; Minimum Data Set (MDS 2.0) instrument for resident outcomes; focus group interviews with families and staff regarding the physical environment; family visitation assessment; family satisfaction survey; personal interviews with families; and, focus group interviews with staff members regarding their perception of care delivery.

Findings and implications of this study can be useful for care providers, designers, and other practitioners who strive to improve nursing home environments and benefit the users of these settings.

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VALIDATION OF THE HEALTHCARE SURROGATE PREFERENCES MEASURE

J.W.Buckey, School of Social Work, Florida State University, 2500 UCC, Tallahassee, FL 32306-2570

Modern healthcare technology has increased the number of complex decisions required by elders and those who act in their behalf, healthcare surrogates. This study reports the initial validation of the Healthcare Surrogate Preferences Scale (HSPS), a 20-item rapid assessment instrument (RAI) that measures the readiness of potential healthcare surrogates to fulfill their roles. Using confirmatory factor analysis, the HSPS reports a global scale reliability of .89; two subscales, Duty and Conveyance, yield respective reliabilities of .86 and .76. The HSPS is a promising alternative for use with elders who must designate a healthcare surrogate, or it may aid Courts in making proxy decisions. It offers practitioners a tool to support client choice of a surrogate who will accurately convey the principal's wishes when he or she is no longer capable of doing so.

DEPRESSION INCREASES OLDER HOSPITALIZED PATIENTS' INTEREST IN PHYSICIAN ASSISTED DEATH (PAD)

K. Blank, J. Robison, E. Doherty, H. Prigerson, H. Schwartz, Braceland Center for Mental Health and Aging, Institute of Living/Hartford Hospital, 400 Washington St., Hartford, CT 06106

Despite the tremendous growth of interest in PAD, there is little research regarding the clinical and affective status of patients interested in these options, particularly the impact of depression. This study examines the interest in PAD of 158 medically hospitalized, non-terminal patients aged 60 and older and whether depressed patients (CES-D 16 or greater) differed from non-depressed controls matched for age, gender, race and severity of illness. Subjects completed a structured interview evaluating their interest in PAD in their current condition and five clinical outcome scenarios and considering the financial impact of continuing care. Depressed subjects (n=71) were markedly more interested in PAD than non-depressed controls (n=87) in most clinical scenarios. 15% of the depressed group stated that they would choose PAD in their current condition compared to 1.1% of controls. The depressed group chose PAD significantly more often than the controls in the event of moderate Alzheimer's disease (29.6% vs. 16.3%) and terminal illness (26.8% vs. 13.8%). Consideration of financial consequences increased depressed subjects' preferences for PAD. Logistic regression and six-month follow up data will be presented to examine the stability of PAD choices and the effect of treatment for depression.

AN ANALYSIS OF KEVORKIAN EUTHANASIA CASES AND U.S. MORTALITY DATA

L. Roscoe, J. Malphurs, L.J. Dragovic, D. Cohen, Dept. of Aging and Mental Health, University of South Florida, Tampa, FL 33620 and Oakland County, MI Medical Examiner's District.

In the debate on assisted suicide and euthanasia, population vulnerability has been of concern. The 68 euthanasia cases whose deaths were assisted by Jack Kevorkian between 1990-1998 and investigated by the Oakland County, MI Medical Examiner's District were compared to U.S. mortality statistics for 1997 to determine the rate of euthanasia per 100,000 deaths by race, sex and marital status.

Euthanasia cases were significantly more likely to be white, female, divorced or never married, and less likely to be widowed. The risk ratio for non-white individuals compared to white was 0.3 (95% CI=0.1-0.9, χ^2=4.6, p<.05). The risk ratio for women compared to men was 2.6 (95% CI=1.5-4.3, p<.001). As compared with persons who were married, those who were divorced or had never married were more likely to choose euthanasia (risk ratio for divorced persons, 4.5, 95% CI=3.8-5.3, χ^2=31.1, p<.001; risk ratio for persons who had never married, 2.4, 95% CI=1.2-4.8,χ^2=6.4, p<.01). Persons who were widowed at the time of death were at less risk for choosing euthanasia than those who were married (risk ratio 0.4, 95% CI=0.2-0.9,χ^2=4.7, p<.025).

Gender, race and marital status appear to influence decisions to seek assisted death, and research on the role of these factors in medical care decision-making and end-of-life decisions is merited. (SRPP-8)

HOSPICE LENGTHS OF STAY IN NURSING HOMES AND FACTORS INFLUENCING SHORT STAYS

S.C. Miller, V. Mor, P. Gozalo, Center for Gerontology and Health Care Research, Brown University, Box G-H3, Providence, RI 02912

Although the Office of Inspector General (OIG) observed long hospice lengths of stay in nursing homes (NHs), there has been no systematic study of hospice lengths of stay in NHs or of factors influencing the numerous observed short lengths of stay. We merged MDS data in 5 states with HCFA hospice claims to identify hospice NH residents, and with HCFA's 1997 enrollment file to identify dates of death. Included for study are NH residents in Kansas, Maine, Mississippi, New York and South Dakota who had at least 1 assessment (MDS) completed between 1992 and 1996 and who were admitted to hospice after their NH admission, but prior to 1997 (N=9,299). Length of stay was defined as days in hospice from the date of the first hospice episode to the date of death or hospice discharge. We examined factors associated with stays of 7 days or less by using logistic regression with a generalized estimating equation (GEE) in SAS GENMOD. The average hospice length of stay was 78 days, with a median of 28 days, and the mode of 2 days. 24% of hospice patients had lengths of stay of 7 days or less while only 9% of the patients had stays of >210 days. Factors associated with a stay of 7 days or less include male gender, older age, diagnoses classified as other than cancer with no dementia, and a 1995 or 1996 hospice admission. Having greater limitations in ADLs and residing in Maine, Kansas or Mississippi are associated with a decreased probability of a stay of 7 days or less. Short hospice lengths of stay are prevalent in NHs and appear to represent greater clinical and policy concerns than do long stays. Short stays are more likely for "non-typical" hospice patients.

HIV/AIDS IN OLDER ADULTS: IS THE MEDIA IGNORING A GROWING PROBLEM?

C. M. Vallee, P. W. Hill, & T. L. Vergon. Dept. of Aging & Mental Health, University of South Florida, Tampa, FL 33612

The CDC calls older adults one of the fastest growing groups of the "newly infected." Older adults (50+) represent 13% of cumulative Florida HIV/AIDS cases. HIV prevention campaigns typically ignore older adults, creating a false sense of safety. As a result, older people remain less knowledgeable about HIV protection and infection. The media also neglects older adults when reporting on modes of infection and risk behaviors. Since 1994 only 30 articles addressing older adults and HIV/AIDS, compared to over 200 for other age groups, were published in major Florida newspapers. Of these 30 articles, ignorance of the need for safe sex practices is often cited as the greatest risk factor for infection. Yet the general population tends to ignore the fact that older people are sexually active and that persons 50 years of age and older have the fastest rate of growth in newly diagnosed cases of AIDS in Florida. The National Council on Aging reports that 6 in 10 men 60+ and nearly 4 in 10 women are sexually active. 39% of older adults report wanting sex more often. We suspect that the implementation of community prevention programs has been the catalyst for those few articles which address HIV/AIDS and older adults. Mechanisms for increasing awareness of HIV/AIDS in older adults as well as strategies for focusing on those older adults most at risk will be addressed.

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Aging Successfully: Psychological Aspects of Growing Old

One (31 minute)/color videotape/1998
Produced by Davidson Films, San Luis Obispo, CA

"Aging Successfully" is an account of the theory of aging successfully originated by Paul B. Baltes, Ph.D. and Margret M. Baltes, Ph.D. Some interviews with seniors are included to demonstrate how the theory plays out in the lives of seniors.

Contact: James Vanden Bosch
Terra Nova Films
9848 S. Winchester Ave.
Chicago, IL 60643
800.779-8491; FAX 773.881-3368
e-mail jvb@terranova.org

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SOCIAL SECURITY AND RETIREMENT INCOME: FROM RESEARCH TO POLICY.

J. Ross, Social Security Administration, 500 E Street, SW, Suite 826, Washington, DC 20254.

PANELISTS:
A. Munnell (Boston College and Director of SSA Retirement Research Consortium).
L. Lillard (University of Michigan and Director of SSA Retirement Research Consortium).
E. Steuerle (Urban Institute and Head of 99-00 Technical Advisory Panel, Social Security Advisory Board).

The session follows the conference theme: Linking Research to Policy; Lessons Learned and Tasks Ahead. Three distinguished researchers: two directors of Social Security Administration Academic Research Consortia; and the Chair of the 1999 Technical Panel for the Social Security Advisory Board will each address two questions:

1. How has research affected Social Security policy and retirement income policy, broadly defined, in the United States?

2. What are the biggest research questions facing Social Security and retirement income policy as we head into the 21^{st} century?

Rather than assigned discussants, plenty of time will be allowed for audience discussion and response.

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ENGINEERING GENE EXPRESSION FOR LONGEVITY AND HEALTHSPAN

John Tower (Dept. of Biological Sciences, University of Southern California, Los Angeles, CA 90089)
PARTICIPANTS:
A. Dillin (Dept. of Biochemistry and Biophysics, University of California, San Francisco). Temporal Regulation of Aging in *C. elegans*.
J. Tower (Dept. of Biological Sciences, University of Southern California). Engineering Stress Resistance and Life Span in Transgenic *Drosophila*.
N. Rosenthal (Cardiovascular Research Center, Massachusetts General Hospital). Transgenic Mouse Models of Muscle Gene Expression.
N. Kasahara (Dept. of Pathology and Institute for Genetic Medicine, USC Medical School). Gene Therapy for Age-Related Disease.

Regulated differential gene expression is central to cells' ability to maintain the differentiated state, and to respond to environment and endogenous stresses. Experimental manipulation of gene expression is expected to be key to testing models of aging mechanisms, and to possible future therapeutic interventions for human aging-related diseases. Recent results with model organisms demonstrate that experimental manipulation of gene expression can significantly extend life span. Engineering gene expression in aging studies presents several challenges, including controlling tissue specificity, restricting expression to adult or senescent stages, maintaining gene expression of extended periods of time, and developing methods to alter human gene expression without germ lin transformation ("gene therapy"). The symposium will include presentations on several emerging technologies, including: tissue-specific and inducible transgenic systems, transposon-mediated gene misexpression, use of double-strand RNA interference to inhibit expression of specific genes, and novel vectors for delivery of gene constructs to specific mammalian tissues.

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WHAT DOES IT TAKE TO BECOME A CENTENARIAN? T. Perls, Gerontology Division, Beth Israel Deaconess Medical Center, Boston, MA
PARTICIPANTS:
J. Bowen Flynn, M. Silver, E. Joyce, M. Shea-Drinkwater, S. Kang, S. Brewster (Beth Israel Deaconess Medical Center, Harvard Medical School, Children's Hospital, Boston, MA 02215) Positive correlation of Barthel ADL index with Blessed-Roth IMC test in centenarians.
D. F. Terry, T. Perls. (BIDMC, Boston) Familial traits of longevity in children of centenarians: preliminary findings.
Nir Barziali (Division of Geriatrics & Endocrinology, Albert Einstein College of Medicine, Bronx, NY, 10461) Genetic transfer of longevity and its biomarkers.
T. Perls, M. Shea-Drinkwater, S. Kang, E. Joyce, S. Brewster, L. Kunkel, A. Pucca, J. Bowen-Flynn (BIDMC, Harvard Medical School, Children's Hospital, Boston) Relative risk (λ) for exceptional longevity among siblings of centenarians.
DISSCUSSANTS:
T. Perls and N. Barzilai (BIDMC & Albert Einstein College of Medicine)

The majority of centenarians have at least some degree of physical and cognitive functional impairment. Men may exhibit less impairment because they are more susceptible to demographic selection. Women on the other hand may be more likely than men to live with diseases that cause functional impairment, rather than die from them. However, previous published work has indicated that this impairment occurs for a relatively short proportion of centenarians' lives and compared to the general population, they avoid or markedly delay diseases associated with aging. Examination of pedigrees reveals a familial predisposition for exceptional longevity that includes parents and siblings. Phenotypic examination of the children of centenarians demonstrates a pattern of slow aging and decreased susceptibility to diseases associated with aging. Markers such as age of menopause and HDL level are particularly noteworthy.

POSITIVE CORRELATION OF BARTHEL ADL INDEX WITH BLESSED-ROTH IMC TEST IN CENTENARIANS:

J. Bowen Flynn, M. Silver, E. Joyce, M. Shea-Drinkwater, S. Kang, S. Brewster. (Beth Israel Deaconess Medical Center, Harvard Medical School, Children's Hospital, Boston, MA 02215).

We determined Barthel ADL Index (0-100) and Blessed-Roth Information-Memory-Concentration Test (IMCT, 0-37) scores of 104 centenarians. The tests were administered via telephone to 36 males and 68 females, age 100 - 109, mean age of 101.9.

	Barthel		IMCT	
	mean (sd)	score ≥85	mean (sd)	score ≥34
Men	72 (29)	13 (36%)	27 (10)	17 (44%)
Women	66 (23)	19 (28%)	26 (10)	16 (24%)

The Pearson correlation coefficient (r) for the total sample ($N = 104$) indicated a significant positive correlation with $r = .619$ (95%CI .485 - .725). For the men, $r = .669$ (95%CI .437 - .817) and for the women, $r = .590$ (95%CI .410 - .726). We will discuss how selection bias could influence interpretation of the data. Despite that there are fewer men, it appears that a greater proportion of them are functioning at higher physical and cognitive levels than women. The decreased correlation observed among women may be indicative of a greater ability to adapt and cope with cognitive impairment. Additional data continue to be collected and will be presented.

FAMILIAL TRAITS OF LONGEVITY IN CHILDREN OF CENTENARIANS: PRELIMINARY FINDINGS.

D. F. Terry, T. Perls. Gerontology Division, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA 02115

We hypothesized that the children of centenarians exhibit clinical findings associated with aging slowly and/or delaying or escaping age-related diseases. To date, we have obtained data regarding 69 children of 23 centenarians born around 1896 (C- children) and 99 children of 27 septuagenarians also born in 1896 but who died at the age of 73 in 1969 (S-children).

There were 59 (86%) alive C-children and 75 (76%) alive S-children ($P=0.12$) and the mean age was 68 years in both groups.

We have obtained medical history and specific features of the medical examination from 35 living C-children and 55 living S-children and their physicians. There were no significant differences in terms of race, religion, income and years of education between these two groups. 1/35 (2.8%) of the C-children and 8/55 (15%) S-children currently smoke cigarettes. Among the non-smokers in both groups, 6/34 (18%) of C-children and 17/46 (37%) of S-children were on blood pressure medications ($P=0.24$). C-children also had lower blood pressure measurements compared to the S-children group (average BP 128/77 versus 142/82 respectively).

Menopause was delayed in C-children: 76% of C-children had menopause after the age of 50 compared to 40% in the control group ($p<0.05$). As the subject's report of age of menopause can be inaccurate, we also assessed the age of the last menstrual period: 90% of C-children had their last menstrual period after age 45 as compared with 64% of the control group.

Thus far we note that the children of centenarians are on significantly fewer medications and have significantly later menopause than the children of at least one parent who died at the age of 73 years. We also note trends indicating fewer blood pressure medications (adjusting for smokers vs. non-smokers), lower blood pressures, and a lower mortality rate. As we continue to increase the sample size of both groups we hope to report on the significance of these and other trends such as prevalence of cancer and age-related illnesses.

GENETICAL TRANSFER OF LONGEVITY AND ITS BIOMARKERS.

N Barzilai, Division of Geriatrics & Endocrinology, Albert Einstein College of Medicine, Bronx, NY, 10461

Our project's main hypothesis is that longevity is determined by specific genes that may function by slowing the aging processes and/or by protecting against common causes of death. We specifically chose individuals from the founder population of Ashkenazi Jews over the age of 95 because they are the most likely population to be enriched with longevity genes. In addition data is obtained from the proband and from their offspring and the offsprings' spouses. Comparing the longest living grandparents of the offspring to that of the grandparents of their spouses demonstrated >10 years increase in their average age at death. In these populations, the relative risk of obtaining age >85 were 10 fold higher than the appropriate spouse grandparent cohort was. Moreover, any of the longest living blood- relatives of the offspring had >10 years increase in their average age at death compared with any of longest living blood-relatives of the spouses. Because favorable lipid profile may be necessary to ensure longevity, we looked at HDL cholesterol levels in this population. Female and male offspring of centenarians had significant higher plasma levels of HDL-Cholesterol levels compared to controls ($p=0.019$). The pattern of inheritance of this trait seems to be autosomal dominant. Conclusion: longevity in the grandparent cohort, and the pattern of inheritance of lipoprotein supports the notion that longevity and its biomarkers are transferred genetically.

RELATIVE RISK (λ) FOR EXCEPTIONAL LONGEVITY AMONG SIBLINGS OF CENTENARIANS.

T. Perls, M. Shea-Drinkwater, S. Kang, E. Joyce, S. Brewster, L. Kunkel, A. Pucca, J. Bowen-Flynn.

In comparing the pedigrees of 102 centenarians with those of 100 people who died at average life expectancy for that birth cohort, we previously reported that siblings of centenarians have a 4 times greater risk of reaching age 92. We also observed a trend in which the siblings had a 10 times greater risk of achieving age 95 and a 15 times greater risk of achieving age 100. However these trends were not statistically significant, probably secondary to inadequate sample size and small numbers of siblings achieving extreme old age years (Perls T, Bubrick E, Wager CG, Vijg J, Kruglyak L. Siblings of centenarians live longer. Lancet, 1998;351:1560). Since that report, we have accumulated an additional 200 centenarian pedigrees and 50 control group pedigrees. Survival analyses of these additional data statistically confirm the earlier reported trends.

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FACTORS INFLUENCING ADAPTATION TO OSTEOARTHRITIS IN LATER LIFE

C.C. Kee, College of Health and Human Sciences, Georgia State University, Atlanta, GA 30302

The discordance between severity of symptoms and objective indicators of osteoarthritis (OA) has led to speculation concerning environmental, social, and psychological effects. The purpose of this study was to determine how age, race, socioeconomic status (SES), social support, health status, joint impairment, hardiness, and health promotion activities influenced ability to adapt to OA in a sample of community-residing older people.

A demographic data form; the Arthritis Impact Measurement Scale (AIMS2) with subscales to measure social support, health status, joint impairment, and psychological and physiological adaptation; the Personal Views Survey to measure hardiness; and the Personal Lifestyles Questionnaire to measure health promotion activities were used to collect survey data from 81 people over age 60 living in the community.

Multiple regression equations showed that social support, joint impairment, and hardiness contributed significantly to both psychological and physiological adaptation. Using analysis of variance, differences between the lowest and highest of the three SES groups were found for hardiness and psychological adaptation but not for physiological adaptation.

Successful management of OA is dependent on the individual's ability to access, mobilize, and use resources such as SES, hardiness, and social support. Explicating the ways in which resource variables affect adaptation is important to minimizing the impact of OA.

THEORY-BASED ACTIVITY FOR DEMENTIA BEHAVIORS

A. Kolanowski, PhD, RN, Department of Adult Nursing, Medical College of Georgia, Augusta, GA 30914; L. Buettner, PhD, CTRS, School of Nursing, SUNY Binghamton, NY; P. Costa, PhD, Gerontology Research Center, NIH, Baltimore, MD.

The Need-driven Dementia-compromised Behavior model describes the constellation of behaviors associated with dementia and models the factors that produce these behaviors. The purpose of this pilot was to design activity interventions for reducing behaviors by capitalizing on preserved strengths of the person with dementia (PWD) as explicated in the model, i.e., remaining cognitive and functional abilities and premorbid personality. Using a theory-based approach to intervention development, a multidisciplinary team classified diversional activities according to cognitive and functional ability needed to perform the activity and style of interest. In earlier work, activities compatible with cognitive and functional ability reduced dementia behaviors by 50% compared to traditional activities in a sample of 36 PWD (X MMSE=6.5). Activities tailored to style of interest need further refinement and may be more salient in earlier stages of dementia.

MEALS AT HOME FOR PERSONS WITH DEMENTIA

E. J. Amella, Medical University of South Carolina, College of Nursing, PO Box 250160, Charleston, SC 29425

Little is known of the ways family caregivers manage meals at home for persons with moderate to late-stage dementia. Using Alzheimer's disease support groups in two mid-size cities in the SW and SE U.S., 8 dyads of caregivers and persons with dementia were contacted and visited 3 times in their homes. Five spouses and 3 children or in-laws served as principle caregiver to the person with dementia. The care receiver was given a health and nutritional assessment and 2 meals were observed using the Interaction Behavior Measure (IBM) and IBM – Modified. Caregiver ratings on the IBM were compared with CNAs' ratings in a previous study. At either the second or third visit, the caregivers were interviewed and tapes were transcribed. Using content analysis emerging themes include "commitment to the end", "go with the flow", food is life", and "anxious anticipation". All of the caregivers describe ways they encourage the care receiver to eat, but worry about a time when they will not accept food. Although 5 care receivers have Advance Directives, some caregivers report difficulty honoring these wishes in the face of the individual not eating. Nursing home placement is mentioned as an alternative when the care receiver does not accept food.

AGED PATIENTS' ANECDOTAL DESCRIPTIONS OF OUTCOMES AFTER CRITICAL ILLNESS

D.J. Mick, U. of Pittsburgh, Pittsburgh, PA 15261,
B. A. Powers, M. H. Ackerman, N. Lund, U. of Rochester Medical Center, Rochester, NY 14642

Translating statistical findings into human experience via examination of aged patients' written anecdotal perceptions of post-illness functional status is a valuable means for understanding the process of recovery. Content analysis, as part of a larger prospective cohort study of patients (N = 104) (ages 65-95) from three ICUs at a northeastern academic medical center, was carried out on subjects' voluntary written personal observations and reflections from 1-month and 3-month follow-up questionnaires. Evidence of the statistical predictive relationships, as found in the primary study, was discovered within the inherent continuity in 1-month and 3-month anecdotal responses from the same subjects. Independently using cues from the SF-36, subjects identified tasks like "bathing", "dressing", "climbing stairs", "housework", and "grocery shopping" as apparent barometers of a return to an acceptable level of physical and mental function. Contrary to extant literature, subjects did not comment on feeling better than they had previously, but did address "getting back to normal" as either a goal or an achievement. Planning for interpretive components to functional outcomes research design may enhance the quality of the data by allowing subjects to identify and articulate their post-hospitalization goals.

Funded by Sigma Theta Tau International; Sigma Theta Tau Iota Kappa Chapter; Sigma Theta Tau Epsilon Xi Chapter; American Nurses Foundation; Rochester Academy of Medicine; NIH/NINR 5 T32 NR07064.

ISSUES IN ESTABLISHING RELIABILITY OF A COMMUNICATION INTERVENTION TO INCREASE MEALTIME TABLE-SITTING IN SEVERELY COGNITIVELY IMPAIRED, WANDERING NURSING HOME RESIDENTS

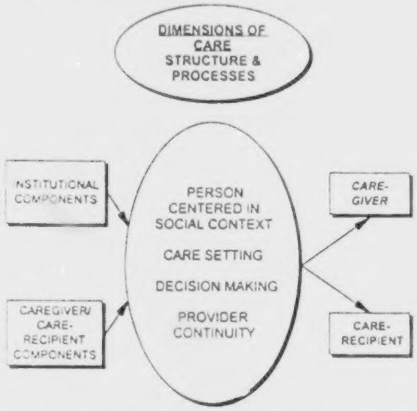
J.A. Song, E.R.A. Beattie, K. Szakatis & D.A. Algase
School of Nursing, The University of Michigan,
Ann Arbor, MI, 48109

There is little documentation of issues in establishing reliability within empirically-tested nursing interventions for residents with dementia. This poster reports on the experience of using Six-Category Intervention (HSCI. Heron, 1976) to structure the communication part of an intervention designed to keep wandering residents seated at the table during meals. The HSCI was applied in an embedded time series analysis in a multiple case study design (n=3). Three types of reliability will be reported: 1) reliability of training to use HSCI in the intervention 2) reliability of the use of HSCI across three intervenors administering the intervention and 3) reliability across eight raters coding the intervention under natural nursing home conditions. Results, based on the comparison of training versus field reliabilities, indicate that the complex, unstable field environment is challenging. The evaluation of reliability is a critical step in creating robust, replicable clinical interventions. Strategies for achieving excellent reliability outcomes will be outlined for each reliability type.

CAREGIVERS' DESCRIPTIONS OF PROCESSES OF END-OF-LIFE CARE IN DEMENTIA

Ann. Hurley, S. Hewitt, Z. Blasi, C. Kinslow, L. Volicer,
GRECC - Bedford VAMC, MA 01730

This poster reports the qualitative phase of developing a scale to measure end-of-life care for persons dying with dementia. We interviewed 30 family caregivers whose care-recipient with dementia had died in the past year to learn their views of care during the dying process. Four processes were identified to form the center of a provisional conceptual model used to guide item generation. After 2 focus groups with family caregivers, 8 categories and 90 items were selected to make the central processes operational.



(supported by the VA and Alzheimer Association)

A CASE STUDY OF PASSIVE BEHAVIORS IN A PERSON WITH EARLY ALZHEIMER'S DISEASE

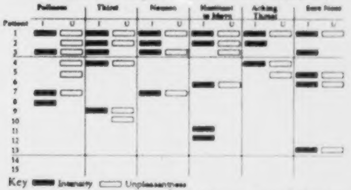
K.B. Colling, A. Whall, University of Michigan School of Nursing, 400 NIB, Ann Arbor, MI 48109-0482

Passive behaviors (PBs) have been shown to affect 61-81% of persons with Alzheimer's Disease (AD) and exist despite an absence of depression, comorbid illness or medication exposure. PBs, as a unique affective domain, are characterized by diminutions in thinking, experiencing or responding to emotions, interactions with environment and others and a decrease in motor activities. Little is known about PBs in early AD. The purpose of this descriptive case study was to explore the phenomenon of PB in a person with mild AD. Qualitative and quantitative methodologies including the Passivity in Dementia Scale, Geriatric Depression Scale, the NEO-FFI, CMAI and Apathy Cues Scale were administered to the person with AD and caregiver. Results supported the presence of PBs in early AD with evidence of lack of motivation, indifference, lack of purpose, listlessness, decreased energy, less initiative, sitting alone, and lack of involvement. Changes in all five subscales of the PDS were demonstrated. No changes were noted in being imaginative, showing emotions through facial expressions, being cheerful and affectionate, maintaining eye contact, being generous and performing activities slowly. Family response to promote engagement in activities included exercise, walks and lexical word games. Findings suggest the presence of PBs in early AD and family response to encourage activation and participation in life.

24-HR PATTERNS OF GI-RELATED SENSATIONS IN TUBE-FED ADULTS ≥ 55 YEARS OLD

U.E. Westfall, PhD, RN, School of Nursing, Oregon Health Sciences University, Portland, OR 97201

Use of home tube feedings as a nutritional support has increased in elders, notably with swallowing disorders or cancers. Because biological functions change during a day, timing of therapies can influence patient responses. Response patterns can provide a context for predicting changes and tailoring care. However, altered rhythmic characteristics have been reported with aging. The purpose of this study was to determine if there were perceptible daily temporal patterns of six often reported upsetting GI-related sensations in tube-fed adults ≥55yrs. A single case with replication design was used with 15 oncology hospitalized patients (X±SD--67±7.5 yrs), with tube feedings. Visual analogue data on intensity and unpleasantness dimensions of each sensation were collected hourly from each subject during 24 to 48 successive hours (when awake). A total of 51 detectable 24-hr patterns (*p*<.05) were found using cosinor analysis.



There was more temporal pattern consistency *within* subjects than sensation patterns *across* subjects. When tube-fed patients experience predictable fluctuations of disabling sensations, caregivers may use these temporal patterns to time their actions more appropriately.

NO CONCENTRATED SWEETS VS REGULAR DIET IN NURSING HOMES RESIDENTS WITH TYPE 2

DIABETES.SH Tariq, E. Karcic, C. Philpot, K Thomson, JE Morley. Division of Geriatric Medicine, St-Louis Univ: and GRECC VAMC, St Louis, MO 63104.

Objective: We compared the glycemic response of type 2 diabetic nursing home residents fed a regular diet or a diet of non-concentrated sweets followed for 3 months and glycosylated hemoglobin at 6 months. Study Design: A prospective intervention of diet change. Twenty-eight patients were observed, 14 in each group. Results: Mean age of these patients was 82 ± 7.5 years. There was no difference in body mass index (0 .7 ± 2.1 v 1.2 ± 2.2, P= 0.59) or weight change from base line (2.2 ± 14.9 v –3.0 ± 15.5, P=0.42) in patients with regular diet compared with patients on non-concentrated sweets respectively at 3 months. Compared to base line, there was no difference in weekly mean glucose change (-38.8 ± 56 v –2.0 ± 16.5 P=0.18), weekly mean fasting glucose (62.2 ± 287 v 21.3 ± 56.5 P=0.69), glycosylated hemoglobin (0.05 ± 1.2 v 0.5 ±1.2 P=0.38), albumin (.03 ± 0.30 v .30 ± 0.0 P=0.52), hemoglobin (0.41 ± 1.5 v –2.3 ± 0.0 P=0.15) and absolute lymphocyte count (-1530 ± 639 v –1563 ± 495 P=0.92) in patients fed on regular diet compared with patients on non-concentrated sweets. At 6 months follow up no difference in glycosylated hemoglobin between the two groups was observed (-0.63 ± 1.5 v 0.60 ± 0.95 P=0.7). A change in medication was required in the regular diet diabetics for better glycemic response (P=0.037). Conclusions: T here is no clinical advantage to use non-concentrated sweets diet in type 2 diabetics in nursing homes.

HDL-CHOLESTEROL (HDL-C) AND SIMPLE SUGAR INTAKE

L.B. Bunyard, K.E. Dennis, B.J. Nicklas.
Division of Gerontology, University of Maryland, Baltimore, MD 21201

This study determines the dietary factors associated with the decrease in HDL-C in response to a low-fat diet in 55 obese, postmenopausal women. Dietary intake, plasma lipids, and body weight were measured before and after 10 wks of the American Heart Association (AHA) Step 1 diet. Percent of energy obtained from total fat, monounsaturated, polyunsaturated (P), and saturated fat (S) decreased (P<0.01), while the P:S ratio and the percent of energy obtained from total carbohydrate, complex carbohydrate, and simple sugar increased (P<0.01) with the AHA diet. The AHA diet reduced total cholesterol (-8±8%), LDL-C (-6±11%), and HDL-C (-16±10%) (P<0.05). The only dietary change that predicted decreases in HDL-C was the increase in the percent of energy from simple sugar (r=-0.32,P<0.05). There were no relationships between changes in percent of energy from fat, saturated fat, polyunsaturated fat, or the P:S ratio and changes in HDL-C. Substitution of simple sugar for fat may lead to a reduction in HDL-C in older women.

FRONTAL SYNDROME FOLLOWING BILATERAL PALLIDAL LESIONS: DESCRIPTION OF A CASE.

V. Fedi, C. Geroldi, C. Gentili, G. Binetti, G.B. Frisoni, O. Zanetti.
Alzheimer's Unit and Laboratory of Epidemiology and Neuroimaging, IRCCS S. Giovanni di Dio – FBF, Brescia, Italy

Bilateral pallidal lesions are rare events. Some patients have been described in whom the cause was carbon monoxyde poisoning or cardiac arrest (Laplane et al, 1989). The factors predisposing to developing these lesions are unknown, but anatomic variants of the anterior choroid artery might be involved. We report a case of frontal syndrome associated with bilateral pallidal lesions due to an unusual etiology (urinary hemorrhage). At 58, the patient underwent prostathectomy, which was complicated by a massive hemorrhage (about 1 to 1.5 liters). After a short-lasting *delirium*, he developed severe behavioral disturbances and personality change (indifference, apathy, loss of social graces, obsessive ideas, and lack of insight). On clinical evaluation, extrapyramidal and other neurological features were absent. The Mini Mental State was 30/30. Magnetic resonance imaging showed two small (max. diameter of 7 mm) bilateral and symmetrical lesions confined to the pallidum. Neuropsychological testing showed isolated impairment of frontal tests: colored Raven's PM 13/36, FAS verbal fluency 17, and attentional matrices 27/60 (all scores are below 5th percentile of the age- and education-adjusted distribution). Categories on the Wisconsin card sorting test were 2/3. Performance on verbal and non verbal learning tests was normal (above 25th percentile). In predisposed subjects, conditions leading to global but temporary hypoperfusion can lead to isolated pallidal lesions and to the onset of a frontal syndrome. The biological risk factors still need to be identified.

THE ROLE OF SCREENING MAMMOGRAPHY IN NURSING HOME RESIDENTS

R. Reddy MD and K. Gupta MD
Taylor Care Center / Westchester Medical Center
New York Medical College, Valhalla, NY 10595

Breast cancer continues to be a leading cause of death. In fact, approximately one-third of all breast cancers affect women over the age of sixty-five. In a 350 bed academically affiliated nursing home, we decided to review the results of all residents who had undergone mammography in a prospective study. Residents with severe degree of dementia or other terminal conditions had not been submitted to mammography. Residents younger than sixty-five years of age were also not included in this analysis.

A total of fifty-eight residents (age range 65-94 years) had undergone mammography. In 50 (86.2%) of them, the radiology reports were normal. The remaining 8 (13.8%) residents had abnormal findings that required further workup, including evaluation by surgery, biopsy, and so on.

Since currently early detection is the best available tool for "cure" of breast cancer, we recommend that elderly nursing home residents should receive the benefit of screening mammography, unless contraindicated by the presence of severe dementia or other severe medical illness.

ANTECEDENTS OF ASSAULTIVE BEHAVIOR IN ALZHEIMERS AND RELATED DISORDER.

W. Somboontanont, P. Sloane, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7460.

Physical assaultiveness during bathing is the most disturbing disruptive behavior occuring in older persons with Alzheimer's disease and related disorders (ADRD). The aims of this study were 1) to increase the understanding of how, why, and under what circumstances physical assaults occur among nursing home residents with ADRD, and 2) to identify factors and cues present during the bathing. Two hundred videotapes of routine bathing activities on 73 nursing home residents with ADRD and a history of disruptive behavior during bathing were coded as assaultive and non-assaultive and analyzed using The *ObserverVideo-Pro* (Noldus, 1997), a computerized behavior observation software. A preliminary analysis of 174 baths on The Caregiver Bathing Behavior Rating Scale (CBBRS), a 14-item scale rating caregiver communication, resulted in significant differences in caregivers' Nonverbal Communication (p= .016) and Total Communication (p=.027) between assaultive and non-assaultive bathing episodes. Derived from pilot videotape data, the investigator-developed Caregiver Bathing Behavior Observation Inventory (CBBOI), a 29-item inventory patterned on the CBBRS, was used to specify additional caregiver behaviors that triggered the onset of residents' assaultive behavior. More specific antecedents of assaultiveness will be identified and presented using various statistical methods, including Generalized Estimating Equations (to study the relationship between risk factors and assaultiveness) and time-dependent analyses such as lag-sequential analysis (to study the timing of these relationships).

RISK FACTORS FOR DIZZINESS AMONG OLDER PERSONS.

A. Kao, A. Nanda, C.S. Williams, Mary E. Tinetti.
Department of Internal Medicine, Yale School of Medicine, 333, Cedar Street, P O Box 208025, New Haven, CT 06520-8025.

Dizziness is the fourth most common complaint of geriatric patients and the most common complaint of person's aged 85 and older. The purpose of the present study was to identify risk factors associated with dizziness in clinic patients and to validate the findings of a previous population based study done at our center.

We conducted a cross-sectional chart review of patients (n=262) presenting to a geriatric assessment center. Fifty-four patients (21%) had a history of dizziness. The adjusted odds ratio for the factors associated with dizziness were 1.6 (95%CI, 0.7 to 3.6) for three or more medications, 2.0 (95%CI, 1.0 to 4.0) for postural hypotension, 2.5 (95% CI, 1.1 to 5.8) for diabetes, 2.8 (95% CI, 1.4 to 5.5) for depressive symptoms, 3.1 (95% CI, 1.5 to 6.5) for abnormal balance or gait, 5.3 (95% CI, 2.2 to 12.9) for cataracts and 6.6 (95% CI, 1.7 to 3.6) for past myocardial infarction.

The findings of this study validated most of the findings (e.g. number of medications, postural hypotension, depressive symptoms, abnormal balance or gait and past myocardial infarction) of our previous study. The association of dizziness with multiple predisposing factors in both studies argues for consideration of dizziness as a geriatric syndrome, similar to falls and delirium. A targeted, multifactorial intervention may be effective in reducing the frequency and / or severity of dizziness in older persons.

Calcium and Vitamin D Intake in a Free-Living Elderly Population Repeatedly Measured Over 5-Years.

Joan Pleuss, RD, E Burns, MD, J Smith, E Duthie, MD, R Fleming, PhD, L Sheldahl, PhD, C Wilson, PhD, I Rudman, RPT. Clinical Research Center, Medical College Wisconsin, Froedtert Memorial Lutheran Hospital, Milwaukee, WI, 53226

The Dietary Reference Intake (DRI) for calcium and vitamin D in individuals ≥50 years has recently been increased. We determined the dietary and supplemental calcium and vitamin D intake in healthy free-living older men (n=141) and women (n=111). Three-day food records were collected every 6 months for 5 years and analyzed using the Minnesota Nutrition Data System software. Mean baseline total calcium (TC) intake was 1086.0±31.5 mg (SE). When supplemental calcium (SC) was subtracted, the mean dietary calcium (DC) intake was 886.9±22.3mg. At the completion of the study, mean TC and DC increased to 1288.6±35.2 mg and 935.7±27.1 mg, respectively. At baseline, 34.0% of the men, 42.4% of the women on estrogen (WE) and 39.1% of women not on estrogen (WNE) were meeting DRI. At the finish, 46.5 % men, 61.0% WE and 59.8% WNE were meeting DRI. Mean baseline total vitamin D (TD) intake was 9.2±0.43 mcg for those 60-70 years and 10.8±0.95 mcg for those >70. When supplemental vitamin D (SD) was subtracted, diet (DD) contributed 5.9±0.25 mcg and 7.0±0.62 mcg, respectively. At study end, mean TD intake had increased to 13.0±0.5 and 13.8±0.88 mcg for the two age groups, with DD providing 6.6±0.27 mcg for those 60-70 years and 7.3±0.48 mcg for those >70. The percent of individuals meeting the age-specific DRI for TD increased from 34% to 50.4% at study end. Tests of trend were highly significant for both TC and TD but not for DC or DD. Many of the elderly population who are at high risk for osteoporosis need to increase their intake of calcium and vitamin D to meet their requirements. CM18

MEASURING FUNCTIONAL SEVERITY OF DYSPHAGIA IN THE GERIATRIC PATIENT

F. Boczko, B. Kropsky, J. Shepparad,
The Jewish Home and Hospital,
100 W. Kingsbridge Rd., Bronx, N.Y. 10468

Dysphagia problems are common among the frail elderly nursing population. It would be useful in assessing dysphagia to evaluate functional outcome measures and use scales which rate the severity of each outcome. A comprehensive list of common signs and symptoms of dysphagia were sent to a panel of experts for validation of the appropriateness of the items and completeness of the list. The resulting 31 categories were divided into two sections. Section I included 114 functional attributes discerned by observation of eating and swallowing. Section II contained 69 physiological attributes measured through instrumental examination. In Phase II, 44 specialists rated these attributes on a 7 point scale. The panel of 44 specialists conducted a second round of ratings. Mean, mode, and standard deviations were calculated for each of the 183 items. Consensus improved from Phase II to Phase III, but was not complete at end of Phase III. Hierarchal patterns of severity became apparent. Feasibility and potential benefits are apparent for developing a more objective basis for functional and instrumental outcome measures in dysphagia. The goal is to assign a numerical level of severity to a specific dysphagic sign or symptom leading to an overall dysphagia score.

MENTAL HEALTH CORRELATES OF AGGRESSIVE BEHAVIOR IN NURSING HOME RESIDENTS WITH DEMENTIA-

K.A. Talerico, L.K. Evans , & N.E. Strumpf, Oregon Health Sciences University, 3181 SW Sam Jackson Park Road, SN-ORD, Portland, OR 97201

The purpose of this secondary analysis was to examine the influence of depression, communication, cognition and behavior management strategies on aggressive behaviors in a group of nursing home residents (N=405) with evidence of dementia. Participants were predominantly female, white, widowed, with a mean age of 85. A one-group cross-sectional correlational design was employed. A regression model that included antipsychotic drug use, depression, and communication impairment significantly accounted for 14.3% of the variance in a composite measure of aggressive behaviors ($F=16.7$, $df=4, 401$; $p< .001$). These results provide evidence that aggressive behavior may be a symptom of inadequately treated depression, that antipsychotic drug use is insufficiently efficacious in the treatment of aggressive behaviors, and that impaired communication clearly plays a role in their generation and expression. A focus on assessment and intervention for in the underlying causes for aggressive behavior is clearly warranted.

USE OF THE ASSESSMENT OF DISCOMFORT IN DEMENTIA (ADD) PROTOCOL TO RECOGNIZE AND TREAT PHYSICAL PAIN AND AFFECTIVE DISCOMFORT

C. Kovach, Marquette University Clark Hall, Milwaukee, WI 53201-1881. J. Griffie, S. Muchka, P. Noonan, D. Weissman, Medical College of Wisconsin.

The Assessment of Discomfort in Dementia (ADD) Protocol has been developed to improve recognition and treatment of physical pain and affective discomfort in people with dementia. The purpose of the present study was to describe use of each step of the ADD protocol with 143 residents of long-term care serving as study subjects. Subjects had an average age of 86.6 and an average MMSE of 5.4. Behavioral symptoms that initiated the protocol included: verbal complaint, restless body movement, facial grimacing, physical aggression, crying and moaning. Of the subjects who received non-pharmacological comfort interventions, 37% showed improved symptoms. Of the 91 Protocols in which an analgesic was administered, 83.5% showed improved symptoms. People who verbally complained received significantly more analgesics ($\chi^2 = 4.08$, $p = .043$) and other comfort interventions ($\chi^2 = 8.80$, $p = .003$) than subjects who did not verbally complain.

WEIGHT LOSS IN WANDERERS: IMPACT OF A BEHAVIORAL INTERVENTION ON TABLE-SITTING, FOOD INTAKE AND BODY WEIGHT IN NURSING HOME RESIDENTS.

E.R.A. Beattie & D.A. Algase.
School of Nursing, The University of Michigan,
Ann Arbor, MI, 48109.

Weight loss in dementia results in increased risk of frailty, illness and premature morbidity. Wanderers are more susceptible to weight loss and dehydration because they use more energy and often cannot sit through meals. This descriptive multiple case study (n=3, MMSE score range 0-3/30, mean age = 84 years) with an embedded experiment with two repeats of the treatment used a behavioral intervention to increase time sitting at table, food and fluid intake and body weight. Results of within-case paired t-tests for all cases demonstrate statistically significant differences between the baseline and intervention condition for all three dependent variables, with all cases sitting longer at the table and eating and drinking more in the intervention condition. Body weights of all cases rose across the duration of the experiment. This intervention shows promise in ameliorating the negative effects of weight loss in wanderers.

TOWARD UNDERSTANING PHYSICAL AND VERBAL AGGRESSION TOWARD FAMILY CAREGIVERS

Phillips, L.R. & Woodtli, A.M. 1305 N. Martin, College of Nursing, The University of Arizona, Tucson, AZ 85721

Physical and verbal aggression toward older women has been virtually ignored in studies of domestic violence and gerontology. Of particular concern, is the lack of empirical data on aggression that occurs within the context of caregiving where the aggressor is the elderly care recipient and the victim is the elderly caregiver. Although documentation exists on the existence of the problem, theoretical explanations for why such aggression occurs, outside of attributions to dementia symptomatology are absent from the literature. The purpose of this study was to test a theoretical model derived to explain aggression against wives and daughters by elderly men receiving care at home. The model was derived from domestic violence literature and the Family Caregiving Dynamics model which was previously developed to predict a number of caregiving outcomes. Variables considered in the path analysis included those related to structure (e.g. elder's past history with violence, alcohol use), situation context (e.g., elder's functional impairments) and interactional context (e.g., power imbalances and feelings of attachment). The influence of caregiver's mood.state was also considered. The sample consisted of 107 wives and daughters who were 50 years or older.

PROCESSES OF IDENTIFYING AND MANAGING EATING PROBLEMS IN THE NURSING HOME

J.A. Lucas, A. Patel, B.G. Janas, C. Nussbaum, Rutgers, The State University of New Jersey, College of Nursing, Newark, NJ 07102

Eating competency may be lost, impaired, or misdiagnosed in nursing home (NH) residents, who typically have multiple chronic health problems. This may result in malnutrition, dehydration, significant weight loss, and feeding tube placement. Research has not focused on the actual process of managing eating problems. This qualitative study describes the patterns of problem eating behaviors, and the process of managing these among 10 non-demented elderly residents in a NH. Data were collected over a 6-month period by mealtime observations, resident, family and staff interviews, and record review on two NH units. Constant comparisons across cases and units have identified the modifiable areas of dentition, physical-motor function, depression, and environmental areas of drug-induced anorexia, and inadequate feeding assistance and food choices. General and resident-specific approaches were used. Strategies that lead to early recognition and resolve of eating problems include: knowing the resident; team communicating and follow-through; and, providing for resident choice for food and environment. Three environmental factors are emerging that affect these processes: philosophy of care, care delivery & supervision of staff, and team functioning. These show some promise for improving management of eating problems and reducing undernutrition in the NH.

Funding Source: *Rutgers University Research Council*

VIDEO PHONE COUNSELING FOR ALZHEIMER'S CAREGIVERS

L.K. Wright, G. Bennett, L. Gramling,
L. Daley, Medical College of Georgia,
Augusta, GA 30912

Many family caregivers of elders afflicted with Alzheimer's disease become isolated and do not have ready access to counseling. An 8 week long intervention, delivered over video phone technology or plain old telephone service (POTS),was pilot tested with 19 caregivers using a randomized experimental-control group cross-over design. Depression was reduced with both modalities; however, with POTS, a significant ($p < .05$) rebound effect occurred at follow-up. With counseling via video phones, depressive moods remained low at follow-up. Physical health showed significant ($p < .05$) improvement only for caregivers in the video phone group. However, caregivers with severe physical health problems were unable to learn new strategies for managing AD symptoms, while those in relatively good health were able to learn new strategies, and their level of stress declined.

Post intervention caregiver satisfaction interviews revealed a strong preference for counseling over video phones versus POTS. Video phone counseling appears to yield superior results.

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RESEARCH-BASED BEST PRACTICE GUIDELINES FOR DELIRIUM, INCONTINENCE & PRESSURE ULCERS

Conrnelia Beck, College of Medicine, Departments of Geriatrics and Psychiatry and Behavioral Sciences, University of Arkansas for Medical Sciences, Little Rock, Arkansas

PARTICIPANTS

Marquis D. Foreman, (College of Nursing, University of Illinois at Chicago) Delirium in Older Adults: Transitions from Acute Care

Thelma J. Wells, (University of Wisconsin-Madison, Madison, Wisconsin) Urinary Incontinence in Acute Care: State of the Art

Rita Frantz, (College of Nursing, University of Iowa, Iowa City, Iowa) A Model for Implementation and Evaluation of Best Practice Guidelines for Pressure Ulcers

Delirium, an acute disorder of attention and cognition that develops abruptly and fluctuates diurnally, may be the most frequent complication of hospitalization. Its negative consequences-higher rates of morbidity, mortality, institutionalization, and costs of care-continue beyond the period of acute illness. Cognitive deficits have been shown to persist past six months with a greater risk of long term cognitive and physical impairment, and, therefore, dependence. Best practices would consist of a multifactorial model of prevention that would emphasize continuity across the continuum of care and would maximize hydration and nutrition, and minimize polypharmacy.

Delirium is a common complication of hospitalization of older adults leading to significant morbidity both within the hospitalization and after discharge. Techniques to prevent and minimize delirium will be discussed.

Urinary incontinence needs to be understood within the context of that challenging environment where short length of stay and patient complexity create unique assessment and treatment problems. The concept of environmental turbulence may help describe the nursing contextual factors to better design acute patient care nursing research.

Best practice recommendations include determining the patient's pattern of urinary incontinence overtime with symptoms, selected inpatient evaluation with outpatient follow-up, and interventions to lower incontinence.

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Alcohol Consumption and Physical Function among Older Italian Men: Findings from the FINE Study S Giampaoli MD, Istituto Superiore di Sanita, Rome, Italy, VS Thomas PhD, Section of Geriatrics, Dept Internal Med, WL Adams MD, MPH, Dept Family Med, Univ Nebraska Med Ctr, Omaha NE 68198-5620 There is little information about the relationship between alcohol and impairment or disability among older men. Heavy alcohol consumption has the potential to affect disability progression either as a risk factor for disease or as a direct toxin. This report examined the effect of alcohol on factors important in the disablement process among approx. 360 community-dwelling elderly Italian men in the FINE Study aged 65-85 in 1985 and alive at reexamination in 1991. We examined the relationship between 1985 levels of alcohol consumption (0 g/day, 1-30 g/day, 30+ g/day) and grip strength, balance, gait speed, and timed chair stands at follow-up in 1991. Adjusting for age, smoking, BMI, and depression, we found that intermediate levels of alcohol consumption were significantly associated with greater grip strength (73.29±3.31, 80.17±1.61, 72.54±1.67), faster gait speed (4.03±0.83, 3.45±0.41, 4.23±0.42) and timed chair stands (16.84±0.73, 16.61±0.33, 17.12±0.33). Elderly Italian men who consume light to moderate amounts of alcohol perform better on physical function measures than those who abstain or drink heavily.

URINARY INCONTINENCE IN ELDERLY FEMALE HIP FRACTURE PATIENTS. Mary H. Palmer (Rutgers, College of Nursing, 180 University Ave., #102, Newark NJ, 07102), Mona Baumgarten, Patricia Langenberg, Jeffrey Carson

Urinary incontinence (UI) is a common and distressing problem. The study's goal was to identify risk factors for hospital-acquired UI in elderly female hip fracture patients. We performed a secondary analysis of data from a retrospective cohort study on surgical blood transfusion. Data were abstracted from the medical records of patients aged ≥ 60 yrs undergoing surgical repair of hip fracture at 20 US hospitals (1982-1993). The mean age of female patients was 80.3 years (SD 8.6); 87.8% were Caucasian. Of 6516 patients without UI at admission, 1508 (23.6%) had UI at discharge. In multiple logistic regression analysis (adjusted for age, race, disease severity, and comorbidity), body mass index was not significantly associated with UI risk. Odds ratios (and 95% confidence intervals) for significant risk factors were: pre-fracture inability to transfer from bed to chair, 3.3 (2.6, 4.3); pre-fracture inability to walk independently, 4.3 (3.2, 5.7); residence in nursing home before admission, 3.5 (3.0, 4.1); and history of confusion, 4.6 (4.0, 5.4). These results suggest that continent but frail women are at high risk for hospital-acquired UI. Knowledge of risk factors can help staff to target UI prevention strategies towards those at highest risk.

SEVERITY OF FECAL INCONTINENCE IN ELDERS VISITING MANAGED CARE CLINICS. D. Bliss, L.R. Fischer, K. Savik, M. Avery, V. Rosenau, P. Mark. U of MN School of Nursing, 6-101 WDH, 308 Harvard St., Minneapolis, MN 55409 (DB).

Little is known about the severity of fecal incontinence (FI) among community-living elders. An anonymous survey about FI was completed by 1352 elders (40%M, 60% F, aged 75±6 yrs. (mean± SD)) at four managed care clinics. The severity of FI was defined by the frequency and amount of stool leaked. Eleven percent of the respondents had FI several times a month or more; 23% soiled underwear and 2% soiled outerwear. Risk factors for more frequent FI (presented as OR, 95% CI) were loose/liquid stool consistency (3.0, 1.6- 5.9), urinary incontinence (2.8, 2.0- 3.9), bowel resection (3.7, 1.7-7.8), IBS (1.9, 1.1-3.1), hemorrhoids (1.5, 1.1-2.2), and poor self-rated health (1.2, 1.0-1.5). Having no urgency (.20, .12-.32) or having urgency some of the time (.5, .32-.78) was protective. Greater fecal soiling was associated with loose/liquid stool consistency, bowel resection, hemorrhoids, memory problems and being overweight. Having no urgency or urgency some of the time was protective. Results suggest that therapies resulting in firmer stool consistency may be effective in reducing the severity of FI for many elderly persons.

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WHO WALKS IN PAIN? Pratt LA, PhD; Lentzner HR, PhD. National Center for Health Statistics, 6525 Belcrest Rd, Rm 739, Hyattsville, MD 20782

Objective: To describe older Americans who report pain with walking, to compare to those who walk without pain and to assess the relationship of pain with social functioning. Methods: Baseline data from the Second Longitudinal Study on Aging, 1995, in which a nationally representative sample of individuals over 70 years old were interviewed in their homes. Results: In bivariate analyses, those who reported pain with walking were older, more likely to be female, have less than 8 years of education, be black, have no private supplement to Medicare and report any of 11 chronic conditions than those who walked without pain. In logistic regression models, female gender, <= 8 years of education, no or Medicaid supplement to Medicare, and chronic conditions remained associated with pain when walking. Elders with 3 or more conditions were 16 times more likely to report pain than those with no chronic conditions. Most of the cohort engaged in many varied social activities, but individuals with pain engaged in fewer activities than those without pain. Conclusions: The most important correlate to pain was the number of comorbid chronic conditions. Pain was negatively related to the number of social activities. Although causality can not be inferred from a cross-sectional study, prevention of comorbidity in chronic disease may be important in reducing pain with walking and allowing seniors to remain socially active.

New Onset Incontinence and precursors of frailty: Data from Hispanic EPESE. TP Miles, RF Palmer, CP Mouton, DV Espino, KS Markides, M Lichtenstein. University of Texas Health Science Center at San Antonio, San Antonio, TX.

Self-reported symptoms of incontinence are evaluated for their association with precursors of frailty in a longitudinal study of community dwelling Mexican-American adults aged 65 years and older. To test the association, we identified incident (new) cases of incontinence between two interviews; designed a summary measure of frailty that incorporates both self report and physical performance measures and estimate risk of frailty comparing the incident and prevalent incontinence in the models. **RESULTS:** 10.1% of the cohort had new incontinence. Regression models (R^2=.33) adjusted for baseline frailty, sex, age and body mass index, show new cases (β=.08) as an independent predictor of frailty while existing disease is not. New disease is also associated with a 2-fold increase in IADL, and physical performance impairment but not ADL impairment. Supported by NIA AG10939.

OH, NO! PUBLIC EPISODES OF URINARY INCONTINENCE REPORTED BY COMMUNITY DWELLING OLDER ADULTS. **Elizabeth Dugan**. Wake Forest University School of Medicine, Winston-Salem, NC 27157-1063.

Urinary incontinence (UI) is a problem that has been associated with multiple negative physical and social outcomes. For example, the loss of bladder control has been linked with depressive symptoms and anxiety. Experiencing an accident in public may compound the embarrassment and shame that accompany UI. Data for this study were drawn from a randomized clinical trial to determine the effects of AHCPR UI Clinical Practice guideline implementation on patients incontinence status, quality of life, and satisfaction with care, and provider's attitudes, beliefs, and practices. Endpoint data collected from older (aged 65 or older) incontinent adults (N=230) via telephone survey were analyzed to determine the frequency and correlates of public leaking accidents. The self-reported frequency of public accidents was: 27% sometimes, often, or always, 33% rarely. 40% of the UI adults reported never experiencing the loss of urine in public. Statistically significant (p=.05) correlates with public accidents were: frequency of UI (.34), amount of urine lost (.24), bothersomeness of UI (-.33), poor physical health (.20), poor mental health (.24), feeling depressed (.26), lower life satisfaction (-.18), feeling UI impacted self-esteem (-.40), and experiencing UI related frustration (.29). Incontinence specific quality of life items also were correlated -- leakage related to urgency (-.24), ability to do household chores (.40), ability to enjoy recreational activities (.34), entertainment (.26), travel (.30), social activities (.28).

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DIMENSIONS OF PURPOSE IN LIFE IN OLD AGE

B.L. Rogers, Department of Psychology, Wellesley College, Wellesley, MA 02481

Although researchers have yet to discover a "fountain of youth," certain dimensions of personality and life experiences might help to foster a sense of well being in old age. Data from the Berkeley Longitudinal Studies of men and women were used to test the hypothesis that aspects of life experience assessed across adulthood predict purpose in life in old age. Subjective ratings of purpose in life were found to be related to various domains of life experiences, including observer-rated personality traits (dependability and self-confidence), participation in social activities, physical functioning, and negative life events. However, regression analyses revealed that negative life events played an insignificant role in predicting purpose in life when taking into account other life experiences. Furthermore, how people in middle adulthood projected their future life satisfaction significantly impacted their sense of purpose in old age.

MAKING THE MOST OF SUCCESSFUL AGING: A CRITICAL EXAMINATION WITH IMPLICATIONS FOR POLICY AND PRACTICE.

C. A. Leedham, Dept. of Sociology, Univ. of Kentucky, Lexington, KY 40506.

Like the World Health Organization (WHO) definition of health as complete well-being, Rowe and Kahn's concept of normal or successful aging started off by drawing attention to the policy implications of the negative impact of social inequities, yet gave rise to developments which were accused of treating public social issues as personal problems through their emphasis on lifestyle choices, of lack of attention to cultural diversity, and of stereotyping the disabled, women and people of color. This paper uses alternative definitions of health developed in response to criticisms of the WHO definition to build on Rowe and Kahn's ideas and propose a model which conceptualizes successful living across the lifecourse as involving a dynamic interplay between structurally determined opportunity and individual choice and action. It is thus essential to address the negative impact of social arrangements through social policy while recognizing the importance of individuals as creative actors. Success is defined in terms of the capacity to act or respond in a wide variety of situations in a manner supportive of actors' goals and aspirations. This definition recognizes cultural diversity and the possibility of creativity and meaning in the face of disability and unavoidable suffering, as well as the importance of preventing avoidable disability. A society which fosters successful aging is one which enhances the potential of all its members to fulfil their personal and social choices, while limiting suffering and respecting the autonomy and dignity of those who struggle with disability and death.

MIDLIFE AND EARLY AGING ANTECEDANTS OF PRODUCTIVE AGING AT AGE 80

C. K. Holahan & J. R. Chapman,
Dept. of Kinesiology and Health Education, Bellmont Hall 222 (D3700), University of Texas at Austin, Austin, TX 78712

This study investigated longitudinal predictors of proactive goals and productive activities at age 80 among members of the Terman Study of the Gifted. The participants were 242 individuals between the ages of 75 and 85 ($M = 79.53$) who responded to the 1992 questionnaire and other measures from the Terman archives. LISREL 8 was used to test an integrative longitudinal path model of the associations among the variables. The results showed that purposiveness at age 40 predicted proactive goals at age 80 directly, as well as indirectly through satisfaction with cultural life and service to society measured at age 60. Purposiveness was related to productive activities at age 80 indirectly through its relations with proactive goals in 1992 and previous satisfaction with culture and service. The results are discussed in terms of contemporary research and theory concerning the self-concept and life-span development.

PASSION AND ZEST IN LIFE: A LONGITUDINAL STUDY

F. L. Rousseau, R. J. Vallerand, & K. Le Martret, LRCS, Département de Psychologie, Université du Québec à Montréal, PO Box 8888, Station "Centre-Ville", Montréal, Québec, H3C 3P8.

Vallerand et al. (1997) proposed a new approach to passion toward an activity that includes two types of passion: harmonious and obsessive. Harmonious passion, which refers to an internal force that leads an individual to choose to engage in an activity, should lead to positive consequences. Obsessive passion, on the other hand, refers to an internal pressure that forces an individual to engage in an activity, and tends to lead to negative consequences. In the present study, passion toward an activity was examined in a sample of nursing home residents, using a six-month longitudinal design where participants were interviewed on two separate occasions. Participants completed the Passion Scale, as well as measures of psychological adjustment. Hierarchical regression analyses revealed that harmonious passion led to increased feelings of competence that in turn resulted in more zest in life, while obsessive passion was associated with neither variable. These results expand previous findings obtained with older adults (Rousseau et al. 1999) and show that harmonious passion, through feelings of competence, may be a contributing factor to positive psychological adjustment in aging.

THE SELF-ASSESSED WISDOM SCALE: PRELIMINARY VALIDATION

J.D. Webster, Department of Psychology, Langara College, Vancouver, British Columbia, Canada.

This project reports the initial results of two studies measuring the discriminant (study 1) and construct (study 2) validity of the newly developed Self-Assessed Wisdom Scale (SAWS), a thirty item questionnaire (full scale Alpha = .81). Study 1 tapped participants' ($n = 89$, Mean age = 39.2) implicit theories of wisdom. Half the sample was requested to complete the SAWS as they thought a wise person would; the other half, as they thought a foolish person would. Results (Mean "wise" score = 137.24; Mean "foolish" score = 96.59; $t = 9.4$, $df = 87$, $p = .000$) indicated that persons' implicit theories of wisdom support the discriminant validity of the SAWS. Study 2 ($n = 85$, Mean age = 52.5) hypothesized high scorers on the SAWS should score higher on the theoretically relevant constructs of generativity and ego integrity. Results indicated that persons classified as wise on the basis of their SAWS responses scored higher on both ego integrity, $F(1, 83) = 6.97$, $p = .01$ and generativity, $F(1, 83) = 7.14$, $p = .009$, supporting the construct validity. The SAWS appears to provide a valid starting point for further refinement and adequate measurement of facets of wisdom. Strengths and limitations of this new measure are discussed and suggestions for future research are indicated.

AGING WELL: SECRETS FROM ROLE MODELS OF SUCCESSFUL AGING

C.A. Knight, M.J. Stones., Department of Psychology, Lakehead University, Thunder Bay, Ontario, P7B 5E1, Canada

Although there has been a great interest in the promotion of "Successful Aging", there have been few studies that have attempted to identify the meanings older adults attach to this concept. This study examined how older adults define successful aging by interviewing older individuals who were perceived by their peers to be role models of successful aging. Thirty older adults living in a retirement village volunteered to discuss their definitions of successful aging and to nominate five other residents who they perceive to be role models. Those individuals who were nominated at least three times (N=13, 5 women and 8 men) were interviewed about their definitions of successful aging, and their advice for aging well. Qualitative analysis of the interviews revealed several themes to be integral to successful aging: 1) activity; 2) physical health; 3) life satisfaction; and 4) continuity. Activity included three patterns: 1) social activity; 2) mental activity; and 3) physical activity. Within the theme of life satisfaction, six different, but interrelated, patterns emerged which are related to successful aging: 1) social support; 2) autonomy and control; 3) planning for the future; 4) satisfaction with career and retirement; 5) spirituality; and 6) integrity of life experiences. A major overarching theme of positive attitude (which included patterns of acceptance and adaptation or coping) also emerged from the data. Positive attitude was found to be linked to all the other themes and patterns associated with successful aging. If a participant experienced limitations in their life satisfaction, physical health or physical, mental or social activity, then being able to accept and adapt to these limitations helped them continue to age well and to be perceived by others as a successful ager.

SUCCESSFUL AGING IN THE COMMUNITY: IDENTIFYING "HIDDEN TREASURES"

M.H. Huyck, Institute Psychology, IL Institute Technol. Chicago, IL 60616; D. Spiech, Metropolitan Family Services Southwest

This pilot project (funded by Retirement Research Foundation) is based on the Asset Based Community Development developed by Kretzmann & McKnight (1993). It is focused for the first time here on identifying seniors in the community who are untapped resources for volunteer or paid contributions. The immediate goal was to develop an interview tool to be used by community members with seniors, to identify experiences and skills which could be used in a "talent bank" by community organizations. Such a tool is now available, to be adapted in other communities. The next phase of the project will involve widespread use of the tool to identify seniors who are under-utilized in the community, and to develop mechanisms for linking them to needs and opportunities. The longer range goal is to help the seniors become a more visible group contributing to the community, both to strengthen the community and to serve as a base of support for seniors as they age and need community services. The project is being tested in Blue Island, an historically blue-collar community outside Chicago. Challenges associated with defining the "community", developing appropriate support and implementing the project will be described.

A THEORETICAL EXAMINATION OF PROTECTIVE FACTORS IN LATER LIFE

K.A. Wallace & C.S. Bergeman, Department of Psychology, University of Montana, Missoula, MT 59812

The purpose of the present research was to examine multiple sources of resilience as they relate to the number of Life Events, Perceived Stress, and Successful Aging Outcomes. Resilience resources were conceptualized as falling into two broad, interrelated categories: Personal Resource Factors, which include self-esteem, dispositional optimism, and hardiness, and Familial/Community Support Factors, which include friend, family, and community support. Mail-out self-report questionnaires were completed by 286 individuals, ranging in age from 60 to 97. The theoretical model posited was estimated using structural equation modeling. The fit of the resultant structural model was adequate ($\chi^2_{(36)}=121.11$, $p<.05$, GFI = .92, NFI=.90, N=246). Results revealed that life events significantly predicted perceived stress; perceived stress significantly predicted personal resources, familial/community support, and optimal outcomes. Personal resources, in turn, was a significant predictor of optimal outcomes. In terms of mediation, perceived stress mediated the relationships between life events and personal resources and between life events and optimal outcomes. Finally, personal resources partially mediated the relationship between perceived stress and optimal outcomes. In terms of intervention, the results from the present research suggest that optimal outcomes may be enhanced by fostering personal and/or support factors. Although future research is needed to examine these findings in other populations (e.g., in nursing home residents) and from a longitudinal perspective, the present study serves as an important first step in explicating the multidimensional nature of resilience and the mechanisms through which protective attributes contribute to optimal outcomes in later life.

EMOTION REGULATION IN LATER LIFE

C. S. Bergeman, L. L. Bisconti, & K. A. Wallace
Department of Psychology, University of Notre Dame, Notre Dame, IN 46556

Generally speaking, the ability to manage one's emotions has been viewed as an especially important component of successfully navigating the stresses of later life. The purpose of the study was to assess the pattern of emotional lability in a healthy older population and to identify dispositional (e.g., sense of personal control; coping) and environmental factors (e.g., social support; stress) that influence these trajectories. Participants in this study were 40 individuals ranging in age from 60 to 85. Half of the sample was female and all were married at the time of assessment. In addition to standard measures of social support, control, and coping, subjects were asked to complete the Mental Health Inventory (MHI) and an item assessing stress on a daily basis for 30 days. Aspects of emotion assessed in the MHI include Anxiety, Depression, Behavioral Control and Positive Affect. Preliminary results of mixed linear models analyses indicate that these dimensions vary as a function of daily assessments of stress ($F_{1,38} = 41.33$; $p<.01$). In addition, variability in the average of the daily (centered) intercepts is tied an individual's perceptions of control over social interactions ($F_{1,36}=4.34$; $p<.05$). More interestingly, assessment of individual variability across the measurement period can also be modeled to assess an autoregressive or banded structure in the residuals. Analyses of this type begin to estimate the dynamical nature of emotion/affect. BSS-29

DETERMINANTS OF GOOD HEALTH AND SUCCESSFUL AGEING.

S. Macdonald, B. Gordon, M. Gilhooly, P. Hanlon, B. Whyte.

Centre of Gerontology and Health Studies, University of Paisley, Paisley, PA1 2BE, Scotland.

A large epidemiological study, known as MIDSPAN, began in 1972 and gathered health related data from 15000 volunteers in the west of Scotland. Subsequent research examined the relationship between risk factors, hospital admissions and morbidity. Although playing a significant role, the findings suggested that deprivation, whose link with health is well documented, did not **fully** account for variance in health status. Therefore, the principal aim of this study was to examine how people manage to maintain good health and age successfully in a deprived, post-industrial environment. One hundred healthy survivors from the MIDSPAN cohort were compared with an age, sex and deprivation matched control group. In order to explore the role of psychosocial factors in determining health, a number of innovative methodologies were employed. Largely qualitative in approach, techniques such as life grid interview and autobiographical focus groups enabled factors including social networks, religion and spirituality and sense of coherence to be investigated. Qualitative analysis has highlighted the importance of religiosity, social cohesiveness, family support and positive outlook in the successful ageing of older adults. In contrast to the traditional pathogenic model of health, this exploration of 'salutogenesis' has implications for the planning of future health care services.

SUCCESSFUL AGEING: SUCCESSFUL DATA ANALYSIS: THE WORK OF A LIFETIME?

H. Mowat, Centre of Gerontology and Health Studies, University of Paisley, Paisley PA1 2BE, Scotland.

Introduction: This paper reports a qualitative study of 15 British retired health and social care professionals who have published and/or worked in the field of ageing and gerontology. The primary focus was to contribute to the understanding old age from the perspective of those who have reached it. How did the participants 'do' old age? Methods: Biographical covering four areas. 1) Working life; 2) typical day; 3) the impact of the ageing society on individual; 4) faith. Analysis: Constant comparison moving between data and gerontological theory as well as within the data using the theoretical and empirical knowledge of respondents. The analysis journeys from certainty to benign uncertainty. This journey mirrors the movement of the participants in old age. This movement is expressed through presentation of early and later findings. Findings: Methods of maintaining identity in old age involve management of change. Implications: carefully developed personal and social 'props' can be compromised by careless health and social care professionals. Objectives of presentation: to make a comparison between the process of qualitative analysis and the journey into old age. To suggest that negotiation reconciliation and identifying the spirit beneath the language of social conventions is common to both activities.

SELF-EFFICACY AND OTHER COMPONENTS OF QUALITY OF LIFE IN OLDER ADULTS

A L Gonzalez-Celis & J J Sanchez-Sosa

School of Psychology, National University of Mexico
Apartado Postal 22-211, 14091, Tlalpan, Mexico City
DF Mexico

Quality of life in older adults represents a major aspect of general well-being and is related to such key factors of psychological human performance as health, social interaction and self-efficacy The present study aimed at examining the psychometrical properties of instruments designed to assess self-efficacy regarding everyday life activities in a sample of Mexican older adults A total of 124 outpatient adults belonging to either of two age categories 55-64 and 65-74, received five instruments measuring Perceived health, Psychological well-being, Depression, Neuropsychological functioning and Self-efficacy (independence, passive/active recreational activities, social interaction, and health protecting behaviors) A test-retest scheme with a four-week interval revealed both solid psychometric features of the instruments and significant associations among the main scales yielding values with $p < .05$ Inter-item internal consistency analyses yielded high Cronbach Alpha scores The factors wich best defined each corresponding daily activity as efficacious included those related to independence and health protection The results are to be analyzed in the context of designing interventions to increase the quality of life

SELECTING DOWN WITH AGE: DOES IT HAPPEN, AND IS IT ADAPTIVE?

D.M. Isaacowitz, M.E.P. Seligman, Department of Psychology, University of Pennsylvania, 3815 Walnut St., Philadelphia, PA 19104-6196

Several theories of successful aging, such as the SOC-model, involve either the implicit or explicit assumption that, with age, people select down the areas of life that are most salient to them. The outcome of these selection processes should be a narrower range of salient life domains for older as compared with younger individuals. However, this assumption has rarely been directly tested, and it is not immediately apparent how to evaluate an individual's profile of selected life domains. In this study, we used four different methods to assess currently selected life domains in three adult samples (aged 18-25, 40-55, and 65 and over): an open-ended question about important areas of life, the Life Investment Questionnaire, a checklist of past and present important areas of life, and an incidental memory task involving the checklist. We then compared results from these methods to determine whether they supported the idea that older adults have fewer selected domains. The open-ended techniques appeared to support age-related selection more so than the questionnaire techniques. We will also consider the adaptiveness of different selection profiles at different ages, by considering their relationship to affect and life satisfaction.

SELECTIVITY PRINCIPLE: DIMENSIONS OF SELF-ESTEEM IN OLDER WIDOWED MEN IN GOOD AND POOR HEALTH

C. Grover, S. Balaswamy & V.E. Richardson Office of Geriatrics and Gerontology & College of Social Work, The Ohio State University, Columbus, Ohio 43210

The selectivity principle states that the course of aging involves inter-individual variability and that the self in old age remains a resilient system of coping and maintaining integrity despite losses and transitions. These presumptions of the self in old age are important to the present study in terms of widowhood and health status. Older widowers may differentially cope in relationship to their health status through selection of resources to build or maintain self-esteem. This study investigated the selectivity principle through discerning the significant internal (mastery) and/or external (activity and friendship) dimensions of self-esteem in good and poor health groups. The interviewed respondents were 200 men aged 60 and over who had been widowed for an average of 1.4 years. Regression analyses revealed that for the widowers in good health ($B = .467$, $p < .001$) and the widowers in poor health ($B = .593$, $p < .001$), the internal dimension (mastery) significantly contributed to self-esteem. A post hoc test confirmed that mastery could not be considered more important to one health group over the other. Thus, regardless of health status, older men who have lost their spouses cope by selecting the internal dimension (mastery) to support their self-esteem. The results imply that through increasing sense of mastery, concerns for the older widower's self-esteem can be lessened and coping ability over loss of spouse and/or health will be enhanced.

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MASTERY, MEANING, AND LIFE SATISFACTION IN LONG-TERM CARE SETTINGS: QUALITATIVE AND STATISTICAL FINDINGS

D. Gavin-Dreschnack, J.R. Salmon, D. Hedgecock, J.L. Perry, K. Riordan, and L. Polivka. Florida Policy Exchange Center on Aging, University of South Florida, USF #30437, Tampa, FL 33620.

Personal meaning may compensate for losses in autonomy due to increased disability and dependency in long-term care. For example, well-being is enhanced when individuals pursue personal goals that are chosen autonomously (Cantor & Sanderson, 1999). Yet, among long-term care consumers, the opportunities to be in control and also to pursue meaningful activities are limited. This research study tested the hypothesis that the interaction between mastery and meaning explains life satisfaction among elders who are receiving long-term care services.

We sampled 294 long-term care consumers, age 60 and older (mean=80.4), randomly selected from two publicly funded home care agencies, 43 assisted living facilities, and 17 nursing homes in two counties on the west coast of Florida. They had no to mild cognitive impairment and needed assistance with at least one instrumental activity of daily living (mean=3.7).

From this initial sample, we analyzed 149 transcripts of open-ended responses to questions regarding satisfaction with services, desire for control over daily life, areas of meaning, and what made for a good day or bad day. Using constant comparisons from grounded theory research, we identified 14 response categories and 28 dimensions. For example, the category "purposeful activity" had dimensions that ranged from inactive/useless to active/useful. We then compared these categories and dimensions with scale scores for mastery, meaning, and life satisfaction.

SELF-REPORT OF PAIN INTENSITY IN THE NURSING HOME: ASSOCIATIONS WITH ANALGESIC MEDICATION, COGNITIVE FUNCTION, AND DEPRESSION

S.J. Allen, R. Allen-Burge, B.E. Thorn, L.D. Burgio, University of Alabama, Tuscaloosa, AL 35487, M. Bourgeois, K. Dijkstra, Florida State University, Tallahassee, FL 32306.

Self-report of pain intensity was examined in relation to several variables in nursing home residents ($N = 93$) across five nursing homes. Residents (M age $= 83.54$, $SD = 8.48$) had an average MMSE $= 13.74$ ($SD = 6.36$). Pain intensity information was gathered with the measure used by Parmelee (1991) and yielded adequate internal consistency ($\alpha = .87$). Greater self-reported pain intensity was associated with higher cognitive functioning as measured by MMSE scores ($r = .22$) and less severe dementia as measured by the CDR ($r = -.22$). Resident self-report of pain intensity was positively correlated with usage of analgesic medication ($r = .37$). Resident self-report of pain intensity was also positively correlated ($r = .34$) with residents' report of depression using the GDS ($\alpha = .87$). Interestingly, there was a negative association ($r = -.21$) between pain self-report and nursing aide report of resident depression ($\alpha = .91$). Other significant correlations included cognitive impairment and resident depression reported by nursing aides (MMSE and GDS proxy $r = -.33$, CDR and GDS proxy $r = .42$). Self-reported pain intensity was predicted by analgesic medication, dementia severity, and resident and nursing aide report of resident depression ($R^2 = .42$). Cognitive functioning as measured by MMSE ≥ 15 moderated the relation between resident self-report of depression and self-report of pain intensity. It did not, however, moderate the relation between nursing aide report of resident depression and resident self-report of pain intensity.

CURMUDGEON OR POLLYANNA? PERSONALITY AND SATISFACTION WITH LONG-TERM CARE: QUALITATIVE AND STATISTICAL FINDINGS.

D. Hedgecock, J.R. Salmon, D. Gavin-Dreschnack, J.L. Perry, K. Riordan, and L. Polivka. Florida Policy Exchange Center on Aging, University of South Florida, USF #30437, Tampa, FL 33620.

Consumer satisfaction surveys may be influenced by the personality of the individual responding to the questions. Respondents who are highly anxious may respond more negatively and those who are highly optimistic more positively to survey questions regarding quality of care. In addition, individuals with high internal locus of control may be less satisfied with care if they cannot direct it. This research study tested the hypothesis that personality variables influence consumer satisfaction with long-term care services.

We sampled 294 long-term care consumers, age 60 and older (mean=80.4), randomly selected from two publicly funded home care agencies, 43 assisted living facilities, and 17 nursing homes in two counties on the west coast of Florida. They had no to mild cognitive impairment and needed assistance with at least one instrumental activity of daily living (mean=3.7).

From this initial sample, we analyzed 149 transcripts of open-ended responses to questions regarding satisfaction with services, desire for control over daily life, areas of meaning, and what made for a good day or bad day. Using constant comparisons from grounded theory research, we identified 14 response categories and 28 dimensions. For example, the category "level of need focus" had dimensions that ranged from basic bodily needs to self-actualization (following Maslow, 1954). We then compared these categories and dimensions with scale scores for neuroticism and optimism (Costa and McCrae, 1992) and internal locus of control (Levensen, 1981).

NUTRITIONAL RISKS OF NURSING HOME ELDERLY: A LONGITUDINAL STUDY

S.L. Donald and C. Wysocki
1410 S. Davis Kirksville, MO 63501
Mentor: Dr. Ranjita Misra

The purpose of this study was to examine the nutritional risks of the nursing home elderly by age, gender, and body mass index over a 5-year period. A secondary purpose was to investigate whether high intake of medications increased nutritional risk. The Nutrition Screening Manual for Professionals Caring for Older Americans called DETERMINE YOUR NUTRITONAL HEALTH was used to identify the risks of the subjects. Subjects comprised of the elderly over 65 years of age living in nursing home facilities in Adair County, Missouri. The sample consisted of 296 elderly residents, 74 males and 222 females, with a mean age of 83.26 years. The amount of medications taken by the respondents significantly affected nutritional risk. Results did not support our hypothesis that BMI and nutritional risk will increase with age. There was no decrease in nutritional risk over the last 5 years of data gathered for this study. Differences in gender and nutritional risk can be explained by age, physical condition, and medications being taken.

THE EFFECTS OF AN INTERGENERATIONAL PROGRAM ON LIFE SATISFACTION ON NURSING HOME RESIDENTS IN NORTHERN COLORADO

G. LinOu, R. R. Wacker, G. Fertig, University of Northern Colorado, Greeley, CO, 80639

Many studies found that life satisfaction is highly correlated with quality of life in nursing home residents. The purpose of the present study was to explore the effects of participation in an intergenerational program with 4- and 5-year-old preschoolers on the life satisfaction of nursing home elderly. This study employed a quasi-experimental design, supplemented by observations and interviews. The sample was comprised of fifteen nursing home residents. Eight subjects of the experimental group were paired with a preschooler. Each dyad met two times a week for six weeks of a planned, structured intergenerational program. Results showed no significant differences in life satisfaction of the nursing home residents as an effect of the intergeneration program. However, residents stated that they enjoyed the program. They commented that interacting with young children made them feel like a grandma, helped them learn patience, enabled them to enjoy companionship, and made them feel useful. Future research could include conducting similar research using qualitative methods and developing an instrument to better measure " intergenerational satisfaction." Also, future studies may need to consider adapting their programs to help participants compensate for any individual differences that might affect their full participation.

THE IMPACT OF ETHNIC IDENTITY AND MIGRATION PATTERNS ON ANTICIPATED NURSING HOME PLACEMENT AMONG RETIRED MIGRANTS

E.P. Stoller, L.M. Dobransky, A.T. Perzynski, Department of Sociology, Case Western Reserve University, Cleveland, OH 44106-7124

The importance of family in providing long term care to frail elders raises questions regarding the long term care arrangements of elderly people who migrate to Sunbelt retirement communities. In this poster, we examine anticipated nursing home placement among a sample of community-dwelling elderly European Americans who migrated to an East Coast community in Florida after retirement. Our conceptual framework supplements the Health Behavior Model with a synthesis of prior research on ethnicity in late life, on migration patterns, and on the informal support networks of retired migrants. Data were gathered through structured personal interviews with 578 retired migrants. Respondents were identified through screening from telephone listings, supplemented with snowball sampling techniques. Thirty-eight percent mentioned nursing home placement in response to an open-ended question regarding long term care plans. Regression analyses support our hypothesis that lifetime migration patterns and current participation in an ethnic infrastructure are significant predictors of anticipated placement, particularly for elders residing near an ethnically affiliated nursing home. We interpret these results within the framework of Rowles' emphasis on the permeability of community-nursing home boundaries.

BEYOND THE BASICS: EFFECTS OF THE "EDEN ALTERNATIVE MODEL" ON QUALITY OF LIFE ISSUES FOR RESIDENTS OF LONG TERM CARE

Brenda Bergman-Evans, Carol Slama, Bonita Krohn, Creighton University, School of Nursing, 2500 California Plaza, Omaha, NE, 68178

In Life Worth Living, Thomas proposed that, in long-term care facilities for the elderly, loneliness, helplessness, and boredom are raging out of control and are steadily decaying the residents' spirits, adversely affecting quality of life. While Thomas' contention appeals to common sense, no empirical evidence is offered in its support. The purpose of this quasi-experimental study was to assess the impact of implementation of the "Eden Alternative Model" on levels of loneliness, boredom, and helplessness of older male and female residents of a long term care facility. The experimental group included 35 cognitively intact older adults from a state veteran's home (26 males, mean age = 75.3). The control group was composed of 29 residents in a private long term care facility (25 females: mean age = 82). A Background Data Sheet, the Geriatric Depression Scale (includes yes/no questions regarding helplessness and boredom), and the UCLA Loneliness Scale (Version 3) were administered by interview at baseline and 1 year post implementation of the "Eden Alternative Model." Findings from the baseline interviews suggest that the plagues of nursing homes proposed by Thomas do exist. Data analysis is in progress for the post implementation phase. Researchers have an opportunity to take a leading role in impacting services related to quality of life issues for this important but often overlooked population.

THE RELATIONSHIP BETWEEN LEISURE PARTICIPATION AND THE OVERALL SELF-CONCEPT OF GERIATRIC NURSING HOME RESIDENTS

C.L. Toon, C.S. Slotterback, Ph.D.
Department of Psychology, University of Scranton, Scranton, PA 18510-4596

The purpose of the present study was to determine the relationship between the self-concept of older adults and their levels of participation in leisure activities provided in a nursing home setting. Previous research has found that participation in leisure activities was related to a positive self-concept. It has been hypothesized that such leisure activities in a nursing home setting offer many advantages for residents including psychological, social, and physical benefits. The participants in this study included 19 women and 1 man who ranged in age from 69 to 100 years (mean=84.30). The self-concept of the participants was assessed using Fitts and Warren's Tennessee Self-Concept Scale: Second Edition (TSCS:2). This scale yields an overall score as well as many sub-scores (eg, social, personal, family, moral). Several stepwise multiple regressions indicate that level and type of participation was related to several aspects of self-concept, particularly social and personal self-concept (adj. R^2=.64, $F(3,14)=10.92$, $p<.001$). Years of education and age are also related to level and type of activity participation.

TELEPHONE USE BY NURSING HOME RESIDENTS

S. Gueldner, C. Smith, J. Penrod, School of Nursing, Penn State University, State College, PA 16802

There is convincing evidence that nursing home residents who have more visitors fare better than those who have fewer visitors. However, one-third of all persons who live in a nursing home have virtually *no* visitors. Addressing this concern, the purpose of this study was to examine telephone use to enhance social support for elders who live in nursing homes. Using a recording device that was activated each time the receiver was picked up, the research team "listened in" on the telephone conversations of three elderly nursing home residents for a period of one week. A total of 56 minutes of actual conversation were recorded during the week, most often with family or long-time friends who lived out of town. Each resident laughed aloud more than one time per minute. The telephone conversations provided the residents with vivid glimpses of life outside the walls of their facility and helped them stay connected with their family and life-long friends. These findings support further study of the telephone as a way to sustain authentic social support in this at-risk population.

HELPLING OLDER ADULTS WITH DEMETIA LOCATE THEIR ROOM IN A NURSING HOME

Beth A.D. Nolan, R. M. Mathews, and G. Truesdell-Todd, 3050 Dole, University of Kansas, Lawrence, KS 66045

Memory problems are common in older adults with dementia, often including difficulty recognizing or identifying close family members. Eight nursing home residents with severe dementia were presented with an array of four similar portrait-like photographs taken over 50 years ago. One of the photos was of that resident and three were of other residents living in the nursing home. Results indicate that seven out of eight of the residents tested were able to immediately identify themselves in the array, suggesting that they are able to recognize photos of themselves as young adults. When a nursing home resident is unable to locate his or her own room, it can create a variety of problems for residents and staff. Behavioral assessments were conducted with 40 nursing home residents to identify which residents had difficulty locating their room. Six residents were identified as able to respond to a request to locate their room, but unable to consistently locate their own room. These residents participated in a study using a multiple baseline design to evaluate the impact of placing photos and other memorabilia from early adulthood in display cases outside each participant's room. Results suggest that the intervention increased wayfinding. Independent observers agreed on 100% of the wayfinding opportunities.

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IMPACT OF ENVIRONMENTAL TRANSFORMATION ON NURSING HOME RESIDENTS AND STAFF

B. E. Barba, A. S. Tesh, N. F. Courts, School of Nursing, The University of North Carolina at Greensboro, PO Box 26172, Greensboro, NC 27402-6172

The purpose of this pre- posttest descriptive study was to evaluate the impact of transforming the environment on residents and employees of a selected nursing home community in NC, and to test a thriving theory, a lifespan model of aging. Residents of skilled care nursing facilities exhibit problems in social relatedness, physical function and cognitive function. Employees have high turnover and absenteeism rates. Implementation of an alternative model of care that seeks to humanize nursing homes by reorganizing care delivery and altering the environment for residents and employees includes the presence of plants, animals, and children, and a decentralized team approach to decision making and care delivery. Pre-intervention data on psychosocial and physical states of residents (loneliness, depression, morale, functional status, communication abilities, and social relatedness) were collected by interviewing residents (n-100) and were compared with data collected 1-1 1/2 years after implementation of environmental changes. Pre-intervention data on psychosocial states of 72 employees (job satisfaction, self-efficacy, absenteeism, and employment intentions) were compared with data collected 1 year after implementation of environmental changes. Although significant changes were made in organizational structure, care delivery and physical environment in the facility, and 1 year had passed, these frail elderly residents were found to have no significant changes in psychosocial and cognitive function. Employees demonstrated no change in job satisfaction and of self-efficacy. Absenteeism and turnover rates were decreased from pre test data.

THE MODERATING EFFECT OF AGGRESSIVE PROBLEM BEHAVIORS UPON THE GENERATION OF MORE POSTIVE ATTITUDES TOWARD NURSING HOME RESIDENTS

J. Hillman, F. Angelini, T. A. Skoloda, G. Stricker, Penn State Berks, PO Box 7009, Reading, PA 19608

We investigated the ability of social history information to generate more positive attitudes toward patients and increase rewards of caregiving among staff members. The type and frequency of patients' problem behaviors were also examined as potential moderators in the relationship. Forty-three staff members participated in an experimental 3(information: social history, medical, or control-Minimum Data Set; MDS) x 2(time: pre-test and four week post-test) within subject factorial design that employed newly admitted residents as target patients. As expected, after statistically controlling for the impact of aggressive problem behaviors, an interaction was discovered between type of patient information and time, $F(2,54)= 2.39$, $p<.05$. The presentation of social history, compared to medical or control (MDS) information, allowed staff members to generate more positive attitudes toward target patients. Of all problem behaviors, only aggressive behaviors were associated with increased dislike for patients, $r=-.26$, $p<.01$. Contrary to prediction, staff members did not show an increase in perceived rewards of caregiving. These findings suggest that staff members must be provided with more descriptive patient information than is provided in the federally mandated MDS, and more professional support in response to aggressive patient behaviors.

ADEPT: A New Tool for Staff Training in Long-Term Care Facilities, Implications for Policy and Practice.

Michael A. Creedon, Carlow International Inc., 3141 Fairview Park Dr., Ste. 575, Falls Church, VA 22042
T.B. Malone; C.C. Heasly, J. Cohen-Mansfield

Carlow International, a human factors engineering (HFE) company seeks to enhance the independence of Alzheimer's patients in the dressing process. HFE methods and tools resulted in an appropriate training tool for staff. Videotaping of 20 patients in SCUs in two facilities, analysis of the videotapes and discussions with Nurses, Nurse Aides (NA), and other professionals in SCUs provided the basis for a computerized individual training tool for Nurse Aides focused on seven stages of the dressing process for each accoutrement (item selection, acquisition, preparation, initiation, donning, adjustment, affixing) and options for interaction with patients at each stage. ADEPT is designed to help staff achieve maximization of patient function and independence. The NA will view digitized dressing scenes throughout the process, including patients in bed, in wheelchair, chair, and other dressing positions. Patients will have varied capacity for self-directed dressing. ADEPT includes materials on policy options, equipment and design issues affecting this process. A Carlow Web site will address ADL issues. ADEPT project funded by NIA Grant #1R43 AG14315-01A1.

THE ILLINOIS NURSING HOME MEDICAL DIRECTORS SURVEY

C. Berdes, M. Levinson, J.R. Webster Jr., Buehler Center on Aging, Northwestern University, Chicago, IL 60611

We surveyed 110 medical directors of 172 nursing facilities in Illinois about their background in geriatrics, their practice patterns, the nature of their medical director work, and their satisfaction with that work. Some highlights of the results: Most were board-certified specialists in internal medicine or family practice, working in office-based primary care practice. Sixty-two percent hold the Certificate of Added Qualification in Geriatrics, and 42% are members of the American Medical Directors Association. They had been medical directors for 10 years on average, most of only one facility. Most were paid a stipend or hourly fee for their medical director work and/or allowed to bill for the clinical care of patients. These medical directors were slightly more satisfied with their clinical work in long-term care (4.13 on a scale of 1-5) than with their administrative work (4.0). Their biggest problems as medical directors were regulators, inspections, paperwork, and getting physicians to see residents on a timely basis. Their greatest satisfactions were the ability to have a direct impact on improving care, personal interaction with elderly people, and working with an interdisciplinary health team.

BMC: AN INSTRUMENT FOR MEASURING CAREGIVER USE OF BEHAVIORAL STRATEGIES WITH NURSING HOME RESIDENTS

Charles E. Blair, P. D. Blair, K. V. Patel, & S. V. Owen, School of Nursing, University of Texas Medical Branch, Galveston, TX, 77555-1029

There is no published observational instrument for directly assessing nursing home caregivers' behavioral competence in applied behavioral analysis (ABA). Researchers thus assume caregiver behavioral competence based primarily on client outcome behavior. The Behavior Management Checklist (BMC), a 12-item scale, was developed to fill that void. Items were derived from the ABA literature. The BMC is scored by placing a checkmark in the "yes," "no," or "not applicable" response box next to each item and totaling 1 point for a "yes" response, 0 points for "no," and a blank for "not applicable." Scores are the mean of items receiving 1 or 0. Scores can range from 0 to 1, and the higher the score, the greater the application of behavioral principles is evident. Psychometric properties of BMC scores were evaluated with 15 nurse aides assisting 38 residents with 22 ADL, in 5 nursing homes (a total of 88 separate observation intervals and uses of the BMC). Internal consistency was estimated to be 0.92. Interrater reliability across 2 raters' observations of the 88 NA interaction observations was estimated with Cohen's kappa to be 0.94. We describe the BMC's potential use as an instrument for evaluating caregiver behavioral competence and need for instruction in ABA. (BSS-16)

JOB STRAIN IN STAFF OF RURAL LONG-TERM CARE FACILITIES

D.G.Morgan*, K.M.Semchuk†, N.J.Stewart†, C D'Arcy‡, *Centre for Agricultural Medicine (morgand@sask.usask.ca), †College of Nursing, ‡Applied Research, University of Saskatchewan, Saskatoon, SK, CANADA, S7N 0W8

Job stress has been described as a major problem in long-term care (LTC) facilities, particularly for nursing aides. Although Canada has a large rural population, little is known about the experiences of staff working in small rural LTC facilities. This paper describes results of a survey of 110 staff employed in rural LTC facilities (15 to 36 beds, approximately 57% of residents with dementia) in one health district in Saskatchewan. Karasek's Job Strain Model (1985) proposes that the physical and mental health effects of work stress occur when workers face high Psychological Job Demands (too much work, not enough time, conflicting demands) combined with low Decision Latitude (e.g., freedom to make decisions, opportunities for learning and creativity). Nursing Aides reported significantly higher job strain than Registered Nurses. Activity Workers reported high Psychological Job Demands, but perceived greater Decision Latitude and therefore less strain. Data from focus groups supported these findings and provided insight into factors affecting job strain.

CARING FOR PERSONS WITH DEMENTIA IN ADULT FOSTER HOMES: PREDICTORS OF ROLE STRAIN AND REWARD

J Rasin and B Hoeffer, Oregon Health Sciences University School of Nursing, Portland, OR 97201.

The purpose of this study was to examine the impact of caring for persons with dementia on caregivers in adult foster homes. Although research has demonstrated both negative and positive consequences of family caregiving, little is known about these caregivers who also provide 24 hour care. One aim of this study determined the extent to which resident impairments, social resources, appraisal of caregiving and work sociodemographics were predictive of caregiver role strain and rewards. The sample was composed of 149caregivers who reported in a mailed questionnaire that they had at least one resident living in their home with dementia. Role strain was measured by the Global Role Strain Scale (Archbold & Steward, 1985) and rewards by the Rewards of Caregiving Scale (Archbold and Stewart (1985). As this was an exploratory study, forward regression analyses were done in a two-stage process. In the final models none of the resident impairment or work sociodemographic variables were significant predictors of either role strain or rewards. The final model for role strain included behavioral hassles (beta=.34, p<.001), satisfaction with support from friends (beta=-.30,p <.001) and preparedness (beta= -.17, p<.05) . Behavioral hassles (beta=-.33, ,p< .001) and preparedness (beta= -.31, p<.001), were significant predictors of rewards. Decreasing role strain and increasing the feeling of reward can potentially be influenced by interventions to increase caregivers feeling of preparedness and to change their appraisal of behaviors as hassles.

THE STRUCTURE AND MEANING OF NURSING HOME RESIDENTS' SOCIAL RELATIONSHIPS WITH STAFF MEMBERS: A PHENOMENOLOGICAL STUDY

K. A. Dunne, Department of Human Development and Family Studies, University of Missouri-Columbia, Columbia, Missouri 65211

As the number of older adults in the United States continues to increase, the long-term care facility industry may experience a corresponding growth in number of residents. As this occurs, more attention will need to focus on the social well being of residents in such facilities. Residents' experiences of social relationships with the staff members have not yet been explored in depth. The purpose of the present study was to understand cognitively able residents' social relationships with staff members and to determine the factors that affect how residents perceive these relationships. Thirteen residents from two facilities participated in one-on-one in-depth interviews designed to explore the nature of their relationships with staff members, family members, and other residents. The interviews were transcribed and analyzed using the phenomenological approach, in which relevant statements were combined into meaning units or themes, which in turn were combined to create overall descriptions of the residents' experiences of their social relationships with staff members. The data revealed that residents can and do form close relationships with certain staff members. Although participants acknowledged that they often do not share common interests with staff members, they reported that they are more likely to form personal relationships with staff members whom they perceive as humorous, friendly, and hard-working. Nurses, nursing assistants, social workers, and activity personnel were most likely to be included in residents' descriptions of close relationships with staff members. The results indicate that relationships with staff members may influence how residents perceive the social environment of long-term care facilities and that they may function as a means of social support for some residents. BSS-26

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SOCIAL CONTEXT, AFFECT, AND PERCEPTIONS OF SKILL AND CONTROL IN OLDER ADULTS.

P.E. Goodwin, R.C. Intrieri, D.R. Papini, B.Wigand, J.Smith, & J. Cornelius, Department of Psychology, Western Illinois University, Macomb, IL 61455

Previous research has demonstrated a relationship between the social context (place, companion, and activity) of older adults and positive and negative affect. The present analysis examines how the relationship between context and affect may be influenced by perceptions of skill and control. Sixty-eight older adults (average age = 71.8) participated in a study of daily experiences utilizing Experience Sampling Methodology (ESM). Across a seven-day period, participants responded to 42 pages. In response to each signal, participants completed a brief questionnaire containing items related to current context, affect, and degree of skill and control associated with the context. Each signalled response represented a separate data point. Using this strategy, we analyzed 2100 data points. Preliminary analyses indicate that context (place, companion, activity) predicts both positive and negative affect ($p<.01$) but that perceptions of skill and control play a role. Additional analyses will explore the role of individual difference variables (i.e., gender and education) in these relationships.

PERSONAL RESOURCES, ADAPTIVE STRATEGIES, AND SUCCESSFUL AGING IN COMMUNITY-BASED SENIORS

S. Bourgeois, T. Arbuckle, D. Pushkar, Centre for Research in Human Development, Concordia University, Montreal, Canada, H4B 1R6

The model of selective optimization with compensation (SOC; Baltes & Baltes, 1990) proposes three general strategies (selection, optimization, and compensation) by which individuals make use of available resources in order to adapt to functional decline. The purpose of the present study was to test the SOC model, looking at whether physical, cognitive, emotional, and social resources predict SOC use, and whether SOC use in turn predicts everyday functioning and subjective well-being in a community-based sample of 143 men and women, aged 65 to 91. From a semi-structured interview on changes in performance of 12 everyday activities, categories of adaptive strategies used by seniors were qualitatively induced, and then converted into indices of selection, optimization, and compensation. In general, personal resources predicted the use of selection and compensation, but not optimization. A second set of analyses revealed that selection and compensation were associated with reported difficulty in performance, lower activity frequency, and less subjective well-being, whereas optimization was mainly associated with absence of difficulty, higher frequency, and greater well-being. A better understanding of how strategy use is facilitated by resource availability in order to buffer negative effects of aging losses on everyday functioning has direct implications for intervention with older adults.

ORGANIZATIONAL WISDOM AND CULTURE

M. Limas, R.O. Hansson, Psychology Department, University of Tulsa, Tulsa, OK 74104

This study of 105 working men and women, age 17 to 68, examined the types of organizational cultures in which individual wisdom (Baltes, 2000; Sternberg, 1998) would be most valued. A previous study investigated the themes of individual wisdom in organizations and established the initial psychometric properties of the Organizational Wisdom (OW) Scale. Wisdom was measured with the 26-item r-OW scale (Coα = .96). Subjects were asked to rate the importance of having wise persons in their organizations. Three interpretable factors emerged as important to organizational wisdom that reflected: (1) Comfort with ambiguity and problem-solving; (2) Respect and consideration for human diversity; and (3) Heightened sensitivity in interpersonal relations. Subjects rated their own organizational culture on eight dimensions (e.g. values attention to detail, provides supportiveness, and promotes aggressiveness). Wisdom was activated and understood in organizational cultures that utilized a team orientation in work relations and that nurtured the ideals of fair play and tolerance. Conversely, organizational wisdom was not acknowledged in cultures where pressured decision-making and close review of details predominated. Also, subjects' age, race, and gender did not yield differences in response to the r-OW Scale.

DEVELOPMENTAL ACTIVITIES AND STRATEGIES FOR SUCCESSFUL AGING IN THE WORKPLACE

S. M. Robson & R. O. Hansson, Psychology Department, The University of Tulsa, Tulsa, OK 74104

Previous research suggests five major domains of successful aging in the workplace. This study identified activities and strategies useful in continued maintenance or development within these five domains. 64 employed men and women, age 23-61, listed up to five activities or strategies they have used to maintain or develop 1) Work-Related Cognitive Functioning, 2) Adaptability, 3) Positive Relationships, 4) Personal Security, and 5) Promotability. 942 activities and strategies were listed. Respondents listed the fewest number of strategies and activities with respect to maintaining Personal Security (110) and the most for maintaining Cognitive Functioning (233). Content analyses revealed 5-6 distinct categories of developmental activities and strategies across the domains of successful aging in the workplace. Most commonly listed were 1) maintaining physical well-being, 2) seeking new challenges and opportunities for growth, 3) acting with integrity, 4) engaging in safe practices, and 5) working harder. Age-group differences were found in the types of activities directed toward maintenance or development in the domains of Adaptability and Positive Relationships. Older workers were less likely to seek new challenges as a means for developing Adaptability. They were also less likely to pursue social activities to develop Positive Relationships. Healthier workers were more likely to seek new challenges and growth opportunities. Workers with more concern for their health were less likely to focus on working harder and more likely to pursue effective social support and communication as ways to enhance Adaptability and Promotability.

PREDICTORS OF SOCIAL PARTICIPATION OF THE JAPANESE ELDERLY

Y.Sugihara, H.Sugisawa, E.Kobayashi, H.Kim, T.Fukaya, H.Shibata, Tokyo Metropolitan Institute of Gerontology. 35-2 Sakae-cho, Itabashi-ku, Tokyo 173-0015, Japan. J.Liang, University of Michigan.

Objectives: Policies to promote and maintain social participation of the elderly are becoming more important as society ages. The purpose of this study is to examine patterns of change in formal social participation of the Japanese elderly, and to identify predictors of those changes. Formal social participation was indicated by labor force participation and participation in community organizations.

Methods: Using three waves panel data (1990, '93, and '96) from a national sample of 2,037 community-dwelling adults aged 60+, we used Cox proportional hazards regression to identify predictors of work continuity. We used logistic regression and multinomial logit analysis to identify predictors of participation in community organizations.

Results and discussions: (1) For male employees, advancing age influenced their retirement, whereas for female employees, labor force participation of their husbands was the most powerful predictor of their retirement. Resources which predicted continued working for men were good physical health and affluent social networks, and for women, good mental health and employment in high prestige occupations. (2) Participation in community organizations was not promoted by retirement for either sex. For men, it was promoted by good physical and mental health and affluent social networks, and for women, by good physical health and high economic status. Even for elders with physical impairment, those with a spouse or rich social networks maintained or increased their participation in community organizations.

We would like to thank Gavin Hougham for this helpful comments.

THE STABILITY OF VOLUNTEER STATUS IN OLD AGE.

H. M. Braunschweig, Department of Psychology, Case Western Reserve University, Cleveland, OH 44106. N. D. Peters-Davis, Department of Sociology & Anthropology, Beaver College, Glenside, PA 19038.

Volunteerism can be conceptualized as a form of productive aging for older persons. While previous studies have examined rates of volunteer activity in older populations, little attention has focused on the stability of this behavior. The present study investigates the stability of volunteer status by using interviews with 207 community dwelling older persons between the ages of 65 and 95. Three interviews were conducted over a 3-year period. Results indicate that 38% participated as active volunteers at least 4 hours per week in the last month. Overall, volunteer behavior was found to be stable over time. One year after the initial interview, 92% of the respondents maintained their volunteer status (with 37% participating as volunteers) and two years after the initial interview 89% maintained the same volunteer status (with 39% participating as volunteers). Additionally, 84% of volunteers reported being either satisfied or very satisfied with their volunteer experiences. Further discussion focuses on the importance of satisfaction in maintaining volunteer status stability.

RELIGIOUS INVOLVEMENT AND SUCCESSFUL AGING.

S. N. Baaden, K. E. Lent, & E.H. Thompson, Holy Cross College, Worcester, MA, 01610

Successful aging has been conceptualized as both a process and an outcome, as multidimensional, and likely population specific. Models of successful aging (e.g., Ryff, 1989, Rowe & Kahn, 1987) also suggest that the best possible adaptation to later life refers to a relatively high level of physical, psychological, social, and spiritual functioning. However, no study has systematically examined the relationship between religious involvement and successful aging. This study examines the relative salience of elders' religious involvement as a predictor to successful aging. Measures of ends, means, and quest religious motivation, strength of religious faith, and formal and informal religious participation were administered to 342 older adults living independently in Worcester, MA. The successful aging index developed is multidimensional and operationalizes Rowe & Kahn's model. Hierarchical linear regression analyses that controlled for religious denomination and known status predictors affirm that "successfully aging" elders are involved in their religion and faith differently than other elders. They participate more in organized religious activity but are not intrinsically (or "ends") motivated, nor are they questing. These findings strongly suggest that optimal adaptation in later life does involve some type of spiritual health. In this New England sample, what distinguishes successful agers is that they are actively engaged in their religious community, despite being no more involved in private worship or strength of religious faith.

COPING WITH RELATIONSHIP DIFFICULTIES: AGE DIFFERENCES IN CHOICE AND EFFECTIVENESS

D. Sorkin, K. S. Rook, (Dept. of Psychology and Social Behavior, University of California, Irvine), D. Morgan, J. Newsom, (Institute on Aging, Portland State University)

Although social relationships have been shown to contribute to well-being, they can also be a source of disappointment and frustration. The current study examined how older adults cope with relationship difficulties. Young-old (aged 65-74) and old-old (aged 75 and above) individuals were compared, drawing on theoretical perspectives that predict shifts in coping strategies as people age. A sample of 277 community-residing older adults completed a questionnaire that assessed relationship difficulties, relationship-focused coping strategies, and depression. Age differences in the choice and effectiveness of the coping strategies were examined. The results indicated that the number of relationship difficulties reported did not differ for the two age groups, but relationship difficulties were more strongly associated with depression among the young-old. The young-old were more likely than the old-old to seek support for interpersonal problems. Coping strategies that involved confrontation or efforts to compromise were associated with less depression among participants who were currently experiencing relationship problems, but only among the young-old. Implications for further research on relationship-focused coping will be addressed.

WHEN MEN FEEL INADEQUATELY MASCULINE: THEMES AND AGE VARIATIONS

B.F. Turner & D.McGary, Gerontology Center, University of Massachusetts Boston, 100 Morrissey Blvd., Boston MA 02125.

Regression analysis of 237 men aged 19-87 in the Boston Area Study showed that men who did not live up to their personal standard of "appropriate" masculinity had lower mastery and self-esteem. Qualitative analysis of interview responses categorized aspects in which men felt inadequately masculine. Most common were body dissatisfactions. Almost as many cited insufficient interpersonal aggressiveness or dominance. Several were troubled by emotional dependence and indecisiveness. Others deplored preferring the company of women to that of male buddies. Some critiqued deficiencies in occupational achievement or as husbands or fathers. All themes were expressed by men of all ages, indicating their appropriateness as gender identity measures in adult life-span research. This analysis of men's subjective experiences reveals the diversity of factors that contribute to men's well-being and to their experience of masculinity.

TIME, AGING AND NARRATIVE: LEARNING MODELS

M. A Wolf, Saint Joseph College, West Hartford, CT 06117-2700

This study explores the relationship between learning and time-orientation in older adults. It is a qualitative study of a group (N=25) community-dwelling individuals, ages 65-95. Through in-depth interviews, personal constructions of daily life, history, and meaning are discussed. Using a learning model (Kegan, 1996, 1994) of constructive developmentalism, these data are analyzed. The results indicate what these participants do to compensate for loss and optimize strengths. Specific examples of flexibility and resourcefulness are identified.

STRATEGIES UTILIZED BY ELDERLY WOMEN TO MAINTAIN THEIR LIFESTYLE OF "LIVING ALONE"

S. Morrissey, Indiana University School of Nursing, Indianapolis, IN 46202.

A consistent finding in gerontological research is that older people prefer to remain in their own homes in the community even if this means living alone. Living alone is most often a challenge faced by older women due to gender-based differences in life expectancy and the concomitant decrease in functional abilities. The two studies presented in this paper used a Naturalistic Inquiry approach to explore the strategies employed by 18 women 75 years and older to enable them to remain in their own homes. Findings indicated that problem-solving abilities played a major role in the development and effectiveness of strategies. Acceptance of needed assistance/support depended on the woman's ability to cognitively restructure her concept of autonomy. The interplay of these two findings in particular suggest that providers must direct their efforts toward assisting elderly women to utilize their problem solving abilities in a way that contributes to their sense of autonomy despite the need for assistance.

LESSONS LEARNED FROM THE FINE ARTS? THE MANY FACE(T)S OF AGING WOMEN

I. Fooken, FB 2, Psychology, University of Siegen, Adolf-Reichwein-Str. 2, 57068 Siegen, Germany

Despite the wide-spread and long-time tradition of elderly women's public invisibility quite a number of paintings/pictures of different art historical periods portraying aging women could be identified. Analyzing a total of about 1.500 pictures (mainly of European tradition) a variety of 17 themes could be sketched out that will be offered in this presentation as „possible considerations". These thematic contexts reach from mockery to devotion, from social isolation to social integration (e.g., vanity, witch craft, insanity, triteness, marginality, worn-out, serving, competence,autonomy, social integration, intimacy, maturity, mother icons, contemplation, spirituality, developmental circles, mythology). Thus, it looks like that diversity of „female aging" is more typical than normative conformity. All in all, these pictures may shed some more light on the hidden agendas, the pit-falls, chances and developmental stakes of women's lives in old age and on female life-span development in general within and across cultural contexts.

NEGOTIATING WELL-BEING FOLLOWING A STROKE.

Philippa Clarke, University of Toronto, Institute for Human Dvlpt, Life Course & Aging, 106-222 College St. Toronto M5T 3J1 Canada.

Following a stroke, residual physical and cognitive disabilities have a significant potential to diminish the well-being of older adults, but the resulting physical sequelae are not necessarily correlated with subjective well-being. In this study, data from a national survey of Canadian seniors are combined with qualitative interviews with stroke survivors to investigate the process by which people maintain or lose well-being following a stroke, with attention paid to micro level factors within structural constraints. Using Ryff's multi-dimensional measure of well-being, the data confirm that a stroke has a negative effect on well-being; yet, the effects are not universal. Some aspects of well-being are resilient, and the qualitative accounts indicate that survivors engage in adaptive processes to maintain subjective well-being in the face of stroke-induced limitations. However, macro level structures, including SES and social supports, strongly influence the success of these adaptive strategies, and survivors enter into a dialectical process of negotiation with these macro level constraints in order to maintain their sense of well-being. The dynamics of recovery involve effects operating both within the individual and in the surrounding social world, which must be jointly considered.

WELL-BEING AMONG AMERICAN AND SOVIET-BORN JEWISH ELDERS

J. Plaut Mahoney, Gerontology Center, Boston University, 53 Bay State Road, Boston, MA 02215

Soviet-born Jewish elders are one of the largest limited-English speaking groups in Boston. An important question related to this sizable segment of the elder population pertains to its well-being. Well-being is a commonly used but ill-defined concept in the Gerontology literature. Health, financial resources, social networks, and religious practice are factors that gerontologists have used to explain differences in the subjective sense of well-being among the elderly. Jewish religious practice and the meaning of Jewish ethnic identity varies widely. This research is designed to give specificity to the concept of well-being in order to meet the demand for cultural competence in serving this population. Twenty-five Soviet-born and 25 American-born Jewish elders were interviewed. Subjects were also administered a questionnaire which included the IADL scale, the Life Satisfaction Index, and a tool designed to distinguish between ethnic identity and religious practice. Data was analyzed to create a typology of various ways of being well, and not well, in this sample. This culturally-relevant typology can serve as a model for future research on well-being within other minority and immigrant elder populations.

AGE AND GENDER DIFFERENCES IN THE INFLUENCE OF PRODUCTIVE ROLE ACTIVITIES AND MENTAL AND PHYSICAL HEALTH

Hey Jung Jun, Nadine F. Marks,
Child and Family Studies,
University of Wisconsin-Madison, Madison, WI 53706

This study aimed to examine age and gender differences in the impact of multiple dimensions of productive role activities on the mental and physical health of older adults. Specifically, this research evaluated how the influence of productive roles varied due to 1) gender and age (i.e., young-old women aged 60-69, middle-old women aged 70-85, young-old men aged 60-69, and middle-old men aged 70-85) differences, and 2) differences in the type of productive activity.

Data from N=2,606 persons aged 60-85 who were respondents to two waves of the U. S. National Survey of Families and Households 1987-1993 were used for these analyses. Multivariate regression models controlling for physical and mental health at time 1, receipt of social support, and several demographic variables were estimated for six dimensions of mental and physical health.

Results suggest that the effects of engagement in productive role activities differ for men in contrast to women, differ for the young-old in contrast to the middle-old, differ across various types of productive activity, and differ across various dimensions of mental and physical health. For example, full-time employment benefits women more than men. Young-old women experience more psychological wellness benefits of full-time employment than middle-old women. Providing instrumental support to kin and nonkin is not associated with many health benefits. However, providing emotional support to others is associated with benefits for all four groups. Participation in secular organizations benefits men more than women in self-esteem and personal mastery. Religious organization participation benefits women's reports of psychological wellness, but not men's. Hours spent doing housework is associated with improvement in middle-old men's happiness. Overall, these results suggest that future research consider age group as well as gender differentiations when doing research on productive role activities and successful aging.

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SPRITUALITY AND ADULT DEVELOPMENT: II

J.C. Stuckey, University Alzheimer Center, 12200 Fairhill Road, Cleveland, OH 44120.

PARTICIPANTS:

S.H. McFadden (University of Wisconsin Oshkosh, Oshkosh, WI 54901) *Outline for a Psychology of Religion and Aging.*

P. Wink (Wellesley College, Wellesley, MA 02481) *Spiritual Development across the Adult Life Course: Findings from a Longitudinal Study.*

D.M. Lee (UMBC, Baltimore, MD 21250) *The Intersect of Wisdom and Spirituality.*

J.C. Stuckey (University Alzheimer Center, Cleveland, OH 44120) *Spiritual Maturity as an Ideal Type.*

DISCUSSANT:

R.L. Piedmont (Loyola College in Maryland, Columbia, MD 21045).

The constructs of religion and spirituality are gaining increasing attention across an array of disciplines in the gerontological research community. The papers presented at this symposium seek to advance the scholarship of the work in spirituality and adult development by offering conceptual and empirical evidence for framing research questions in the areas of psychology and religion, spiritual development, wisdom, and spiritual maturity.

Evidence will be presented to suggest that spirituality evolves over the life course and can play an important role in how older persons adapt to the aging experience. Moreover, related concepts of wisdom, forgiveness, and integrity can perhaps be best understood when examined along side of spirituality.

In addition, the symposium will emphasize that how older persons integrate their spiritual beliefs and practices into their lives has important implications not only for outcomes related to quality of life in old age, but also for interventions such as counseling and psychotherapy.

Finally, the session will identify avenues for continued research in the area of spirituality and adult development.

This symposia is co-sponsored by the Interest Group on Religion and Aging.

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GRANDPARENTS AS PARENTS: RECENT RESEARCH FINDINGS AND IMPLICATIONS FOR FUTURE PRACTICE AND POLICY DIRECTIONS.

M. Reiff, Brookdale Foundation Group, 126 East 56th Street, New York, NY 10022.

PARTICIPANTS:

D. Whitley, S. Kelley, T. Sipe & B. Yorker (Georgia State Univ., College of Health & Human Services, Atlanta, GA 30303) Psychological Distress in Grandmother Kinship Care Providers: The Role of Resources, Social Support & Physical Health.

C. Goodman (California State Univ., Long Beach, CA 90840) & M. Silverstein (Andrus Gerontology Center, Univ. of Southern California, Los Angeles, CA 90089) Building Practice Models from Research: Grandparents As Parents in Los Angeles.

N.M. Silverstein, A.G. Gottlieb, & L. Bruner-Canhoto (University of Massachusetts Boston Gerontology Institute & Center, Boston, MA 02125) Life at Grandfamilies House: The First Six Months.

D. Butts (Generations United, Washington, DC 20001) Grandparents and Relatives Raising Children: Mental Health Responses and Public Policy Considerations.

As the phenomenon of grandparents raising grandchildren continues to grow, a variety of services have been developed to meet the needs of these "grandfamilies." This Symposium will present current research findings that: 1) highlight the predictors of grandparents' coping capacity, psychological distress and sense of well being; 2) outline the assessment of several grandparent caregiver service programs; and 3) provide implications for building future practice models and developing more effective public policies to address the needs of grandparent caregivers and the children they are raising.

(BSS-6 and SRPP-9)

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CONTRIBUTIONS OF QUALITATIVE RESEARCH TO POLICY DEVELOPMENT: A PANEL DISCUSSION.

C. L. Johnson (University of California, San Francisco,CA 94143-0850) Chair.

Barbara Barer (University of California, San Francisco, CA 94143)

Christine Fry (Loyola University, Chicago, IL 60626-5311).

Helen Kivnick (University of Minnesota, St. Paul, MN 55108

Andrew Scharloch (University of California, Berkeley, CA 94720).

This panel discussion introduces the use of qualitative research in the development of public policy. The members of the panel will briefly raise issues of policy that would benefit by open-ended inductive methods that tap daily personal needs of older people and how they are or are not being met. Among the areas of policy to be discussed are the following: 1) policy assumptions about time and the life course cross-culturally and their effects on families, social stratification and gender; 2) the vulnerabilities the very old face and the responses to the health and social needs of the very old by families, social networks, and formal social institutions; 3) evolving policies about grandparents rights as an aging issue; 4) themes emerging from the day-to-day situations and personal experiences of disabled elderly in the long terms care system; and 5) the effects of policy making on the needs of nursing home residents. After brief introductions of these issues, the discussion will be opened to the audience who are welcome to raise additional issues. This discussion will also go over the types of qualitative methods that can be appropriately used in policy development.

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MEASUREMENT OF ACTIVITY IN OLDER ADULTS: A TRIANGULATION APPROACH.

B. Resnick, University of Maryland, 655 West Lombard Street, Baltimore, MD 21201.

PARTICIPANTS:

B. Resnick, D.Orwig, J. Magaziner, & SI Zimmerman (University of Maryland, Baltimore). Electronic Devices to Measure Activity in Older Adults: Utility of the Step Activity Monitor.

C.R Nigg., C.Padula, P. Burbank, & C.E. Garber* (University of Rhode Island,Kingston, RI, *Brown University, Boston, MA). What Can Measurement of the Stage of Change Add to the Assessment of Physical Activity?

C.M. Castro, A.C. King, A.L. Stewart* (Stanford University, Palo Alto, CA, *University of California, San Francisco, CA). State of the Art Self-report Measures of Physical Activity in Older Adults.

DISCUSSANTS:

T. Bizarre (American Heart Association, Dallas,TX)

A. Jette (Sargent College of Health & Rehabilitation Services, Boston University, Boston, MA)

Concerns about the reliability and validity of methods used to measure physical activity in older adults limits the advancement of knowledge in this area, and the ability to accurately test interventions to increase activity. Although there are many methods available each measures only a part of the entire activity pattern. Validation of these measures is difficult as there is no gold standard with which to compare them. Consequently, a triangulation approach to the measurement of activity is recommended including: an appropriate form of self-reported physical activity, use of an electronic mechanical method of measurement, and consideration of motivational readiness for physical activity. This symposium will provide a review of self report measures with a special focus on the CHAMPS and Stanford Physical Activity Recall (PAR), reliability and validity testing of a new Step Activity Monitor (SAM), and appropriate questionnaires to measure motivational readiness in this population. Moreover the triangulation of these methods, and how their combined use best explains activity in older adults will be addressed. The symposium will help identify the most appropriate methods to measure physical activity in older adults.

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RECRUITMENT OF DIVERSE POPULATIONS FOR MINORITY AGING RESEARCH

A.M. Nápoles-Springer for the Resource Centers for Minority Aging Research (RCMAR). Dept. of Medicine. Univ. of California San Francisco, (UCSF) Box 0856, San Francisco CA 94143-0856

PARTICIPANTS:

M. Ford, S.L. Havstad (Henry Ford Health System, Detroit, MI) Recruiting Older African American Men to a Cancer Screening Trial.

A.M. Nápoles-Springer, K. Grumbach, M. Alexander, G. Moreno-John, D. Forté, M. Rangel-Lugo, E.J. Pérez-Stable (UCSF, San Francisco, CA) Health Research in Older African Americans and Latinos: Perspectives from the Community.

P.S. Reed, K.M. Long, E.K. Taylor, R.F. DeVellis, E.J. Mutran (Univ. of North Carolina, Chapel Hill, NC) A Process Evaluation of the Durham Elders Project: Recruitment Strategies to Promote Participation of Older African Americans in Survey Research.

K. Wisdom, C.C. Ford, V.M. Fleming, V.A. Hawkins, G.C. Davis (Henry Ford Health System, Detroit, MI) An Innovative Approach for Recruiting African American Research Study Participants.

DISCUSSANT:

P. A. Areán (UCSF, San Francisco, CA)

This symposium features the work of the RCMARs, centers established to advance research to reduce health disparities between diverse elders and their counterparts. The 1st paper describes a randomized trial of innovative strategies to recruit older African American men to a cancer screening trial. The 2nd paper examines the attitudes of older African Americans and Latinos toward participation in research. The 3rd paper discusses the challenges and successes in implementing a church-based approach to the recruitment of older African Americans. The final paper reports on the development of a registry of potential research participants as part of an African American community-based health-screening program. The symposium advances understanding of the barriers to and facilitators of research participation of ethnically diverse groups and presents a variety of methods for examining recruitment.

(RCMAR funded by the National Institute on Aging, National Institute of Nursing Research, and the Office of Research on Minority Health)

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BRINGING THE FAMILY TOGETHER: LEARNING FROM MULTIPLE PERSPECTIVES ON KINSHIP IN LATE LIFE.

A. Davey, Child & Family Development, University of Georgia, Athens, GA 30602 & K. Fingerman, Human Development & Family Studies, Penn State University, University Park, PA 16802.

PARTICIPANTS:

K. Pillemer (Cornell Gerontological Research Institute, MVR Hall, Ithaca, NY 14853) & J.J. Suitor (Sociology, Louisiana State University, Baton Rouge, LA 70803) How Should We Study Within-family Differences in Later Life? Conceptual Framework And Research Agenda.

V.H. Bedford (Psychology, University of Indianapolis, 1400 East Hanna Avenue, Indianapolis, IN 46227) Sibling Ties and Extensiveness of Family Resources in Later Life.

K. Fingerman (Human Development & Family Studies, Penn State University, University Park, PA 16802), A. Davey (Child & Family Development, University of Georgia, Athens, GA 30602), Corinna Tucker-Jenkins (Family Studies, University of New Hampshire, Durham, NH 03824) Sources of Variability in Adult Siblings' Representations of Past Relationships with Parents.

L.E. Troll (Medical Anthropology, University of California, San Francisco 93132) Mulltiple Generations Negotiating Relationships over 30 Years.

K.K. Ikkink, T. van Tilburg, K.C.P.M. Knipscheer (Sociology and Social Gerontology, de Boelelaan 1081c, NL-1081 HV Amsterdam, The Netherlands) Perceived Instrumental Support Exchanges in Relationships Between Elderly Parents And Their Adult Children: Normative And Structural Explanations.

DISCUSSANT:

I.A. Connidis (Sociology, University of Western Ontario, London, ON, Canada N6A 5C2)

Study of late-life families requires consideration of data on multiple family members, but only recently have models for analysis of family data become readily available to researchers. In this symposium, participants bring together a variety of theoretical, methodological, and substantive approaches to the study of kinship in later life. Integrating these papers is an emphasis on how the use of multiple perspectives from the same family can help to inform and extend gerontological theory and research beyond studying one perspective alone.

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THE LONG BEACH LONGITUDINAL STUDY: 3-YEAR LONGITUDINAL FINDINGS ON AGING, COGNITION, AND HEALTH.

Elizabeth M. Zelinski, Andrus Gerontology Center, USC, Los Angeles, CA 90089-0191.

PARTICIPANTS:

E. M. Zelinski (Andrus Gerontology Center, Los Angeles). Overview of the Long Beach Longitudinal Study.

C. J. Lane (Andrus Gerontology Center, Los Angeles). Age, Depression, & Health as Predictors of 3-year Cognitive Change

P. Housen (Andrus Gerontology Center, Los Angeles). Stability in Written Language Production over 3 Years.

K. Lewis (Andrus Gerontology Center, Los Angeles). Longitudinal Findings for Health Behaviors.

E. M. Zelinski, K. Lewis & R. Engberg, (Andrus Gerontology Center, Los Angeles). Age, Gender, Education, Personality and Longitudinal Health Practices.

DISCUSSANT:

S. Kemper (University of Kansas, Lawrence, KS).

The focus of this research is longitudinal change in cognition in older adults, including the oldest old. Findings from a panel community residing volunteers adults aged 30-97 from the first wave (n = 726) and second waves of testing (n = 396) are presented. Latent variables representing cognitive processes including working memory, speed, reasoning, and list and text recall were identified. There were mean declines on some latent cognitive variables. Age and change in health related variables also predicted cognitive changes. Linguistic characteristics of autobiographical statements were stable across occasions, and these variables were associated with working memory and verbal ability at baseline, but not with changes in working memory, suggesting a dissociation between tasks. There was stability in some latent health behavior variables, but not others, suggesting that reported health behaviors are complex. However, change in health behaviors was minimal and best predicted by baseline behaviors.

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SEXUALITY, LIFE STAGE, AND LIFE STORY: A SYMPOSIUM ON NARRATIVE APPROACHES TO SEXUAL IDENTITY.

J. Powell, University of Rhode Island, Kingston, RI;
B. Carpenter, Case Western Reserve University, Cleveland, Ohio; organizers

PARTICIPANTS:

B. de Vries & G. Herdt (San Francisco State University, San Francisco, CA 94132) Life Stories and Gay Men: Life Course Pathways to Gay Identities.

G. Ogden (Visiting Scholar, Radcliffe Institute for Advanced Study, Harvard University, Cambridge, MA 02138) Spiritual Passion and Compassion in Late Life Sexual Relationships.

T. Walz (University of Iowa, Iowa City , IW 52242) Crones, Dirty Old Men and Sexy Seniors: Sexual Representations of Elderly Persons.

DISCUSSANT:

R. Ray (Wayne State University, Detroit, MI 48202)

This symposium presents three provocative papers that explore the richness and complexity of sexual experience and sexual "identity" in late life. Each author employs a narrative methodology – focus groups, letters, open-ended survey questions, and in-depth life story interviews – to gain deeper understandings about the relatively unexplored dimension of sexuality in late life. This symposium seeks to go beyond the bio-medical and frequency-of-intercourse approach that has dominated sex research since the Kinsey Reports (1948, 1953) and builds upon the ground-breaking qualitative work initiated by Hite (1976) and Starr & Weiner (1981). The first paper presents themes in life stories of older gay men collected in a series of focus groups conducted in Chicago and San Francisco. The second paper presents key themes from respondent letters and open-ended survey questions from the author's nation-wide survey on sexuality and spirituality, findings which suggest that "sexual maturity is a process of integrating body and soul." The third paper presents the stories of two sexually active elders, the octogenarian Emma and John who is close to 70. These two stories summarize multiple interviews with the respondents and intentionally counter the absence of rich story telling about the sexual lives of elderly persons. These three papers together deconstruct stereotypes about sexless old age and offer new perspectives on the intimacy, sexual richness, and integration of sexuality with spirituality that is possible in late life

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THE AGING HISPANIC POPULATION: IMPLICATIONS FOR POLICY AND PRACTICE

J. Angel, LBJ School of Public Affairs, P. O. Box Y, University of Texas, Austin, TX 78713 and J. Mutchler, Gerontology Institute, 100 Morrissey Blvd., University of Massachusetts Boston, Boston, MA 02125

PARTICIPANTS:

R. Angel, M. Frisco, J. Angel, and D. Chiriboga (Department of Sociology, University of Texas, Austin TX) Perceived Financial Strain and Health: Evidence from the Hispanic EPESE.

E. Bastida and I. Cuellar (Department of Sociology, University of Texas-Pan American, Edinburg, TX) Acculturation and Health Status in Older Mexican Americans.

J. Baxter, R. Hamman, and S. Shetterly (School of Medicine, University of Colorado, Denver, CO). San Luis Valley Hispanic Health and Aging Study: Health and Health Care Use in Rural Elderly.

B. Soldo and R. Wong (Population Studies Center, University of Pennsylvania, Philadelphia, PA). Strategic Family Decisions and Remittances: Migration and Aging in Mexico.

V. Villa (Department of Social Welfare, UCLA, Los Angeles, CA). Medicare and Medicaid Reform: Implications for Older Latinos and their Families.

DISCUSSANTS

K. Markides (Department of Preventive Medicine and Community Health, University of Texas Medical Branch, Galveston, TX)

J. Mutchler (Gerontology Institute, University of Massachusetts Boston, Boston, MA)

The growing ethnic diversity of the older population of the United States has considerable significance for policy development, planning, and practice. A particularly important group in this regard is the Hispanic population, which represents one of the fastest growing ethnic groups within the older population. Key factors shaping the aging experience of this group include migration and immigration processes, health and health care access, economic security, family support, and cultural identity. This symposium will report on emerging understandings of these factors as they reflect the needs and resources of the older Hispanic population. The implications for policy and practice will also be discussed.

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Technology and Aging: Cognition, Real-Life Implications and Applications.

S. Kwon, Humboldt University Berlin, Institute for Rehabilitation Sciences, Luisenstr. 50, 10117 Berlin, Germany.

PARTICIPANTS:

G.W. Rebok & P.M. Keyl (Department of Mental Hygiene, The Johns Hopkins University, Baltimore, MD 21205 and Department of Emergency Medicine, The Johns Hopkins University, Baltimore, MD 21205) Early Dementia and the Use of Driving Simulations to Assess Driving Problems.

S. Kwon[1], D. Sowarka[2] & K.M. Neher[3] ([1]Humboldt University Berlin, Institute for Rehabilitation Sciences, Luisenstr. 50, 10117 Berlin, FRG, [2]German Centre of Gerontogy, M.-v.-Richthofen-Str. 2, 12101 Berlin, FRG, [3]Freiberger Foundation, Kirchstr. 13, 10557 Berlin, FRG) Do Environmental Characteristics Shape Changes in Cognition? Investigating the Impact of Technological and Non-Technological Features.

N. Charness & P. Holley (Psychology Department, Florida State University, Tallahassee, FL 32306-1270) Interface Issues for the Older Adult

DISCUSSANTS:

R.W. Morrell (The Practical Memory Institute, 2112 Sahalea Terrace, Silver Spring, MD 20905)

K.V. Ujimoto (Dept. Sociology & Anthropology and Centre of Families, Work and Wellbeing, University of Guelph, Canada)

Both in research and practice of technology and aging, age-associated changes such as in perception and cognition need to be taken into account -- as independent variables ("the devices") as well as dependent variables ("the outcomes" or, boldly, "the success"). This symposium has been organized particularly as a discussion platform, with presentations coming from very different fields. Driving ability of early-dementia individuals, the impact of technological and non-technological housing features on cognitive changes, and appropriate input modalities for computers. Despite this heterogeneity, there are basically two underlying approaches to the theme: Technology as a helpful tool, and technology as an obstacle to functioning. The superordinate issue is: humans should not have to adapt to technology -- technology should be adapted to the individual. To which extent this is feasible, given age-related change and age-prevalent disease will be a core question addressed.

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THE SOCIAL WORK ROLE IN END-OF-LIFE DECISION PLANNING

I.A. Gutheil & J.C. Heyman, Ravazzin Center, Fordham University Graduate School of Social Service, Tarrytown, NY 10591

Social workers are uniquely qualified to help people deal with advance directives. However, there is limited information about the role social workers play in this area or their attitudes toward end-of-life decision planning. A random sample of 632 members of the National Assoc. of Social Workers in gerontology or health settings indicated a high degree of knowledge about health care proxies and living wills, and higher than average personal completion of these documents (54% & 45%). Those who had completed an advance directive were significantly more likely to have a positive attitude toward end-of-life decision planning. Social workers with masters or doctoral degrees were more likely to have a positive attitude than BSWs. Respondents felt the most common social work roles in end-of-life planning should include educating, facilitating decision making, and counseling. Of the 387 who said they worked in end-of-life planning, 72% often/very often discussed health care proxies with clients, and 66% discussed living wills. They were almost as active in counseling clients, with 70% often/very often doing so regarding health care proxies, and 58%, living wills. Clearer understanding of the roles social workers play can help clarify the kind of training needed to adequately fulfill and, when appropriate, expand the social work role.

PILOTING A HEALTH CARE VALUES DISCUSSION GUIDE: A QUALITATIVE INVESTIGATION

M.J. Karel, J. Powell, M.D. Cantor, Veterans Health Administration, Psychology Service, Brockton, MA 02301.

Values histories or values discussion guides may be important tools for advance care planning. These tools may help surrogate decision makers understand the values and beliefs of a loved one if they are required to make decisions for that person in the future. This study examined the experience of patients and their designated surrogates who used a "Values Discussion Guide" (VDG) developed by our team. Older veterans and surrogates were given the VDG and allowed to discuss the questions in the guide, initially alone, and then with the assistance of a facilitator. The discussion guide entailed nine open-ended questions about quality of life issues, health beliefs, and interpersonal concerns. Seven older male veterans and their spouse (n=5) or adult daughter (n=2) surrogates had the discussions and responded to a semi-structured interview about the perceived utility of and personal reactions to the experience. These 1.5 to 2 hour interviews were audiotaped, transcribed, and analyzed for thematic content. Our analysis revealed that surrogates felt a tremendous sense of responsibility and wanted to "do right" by the patient; complex family dynamics influence who is trusted to be involved with decision-making; most participants admitted resisting discussion of care planning and expressed relief for having had a formal opportunity to do so; most participants preferred the presence of a professional facilitator. Values discussion guides may help patients and surrogates through the process of advance care planning, but best results may be achieved when discussions are facilitated by trained professionals.

GENDER DIFFERENCES IN SURROGATE END-OF-LIFE DECISION-MAKING.

L.A. Zettel, P.H. Ditto, Psychology and Social Behavior, University of California, Irvine, 3340 Social Ecology II, Irvine, CA 92697-7085, J.H. Danks (Kent State University), W.D. Smucker (Summa Health System).

Medical ethicists advocate reliance on surrogate decision makers to maintain patients' decisional autonomy near the end of life. This assumes that judgments by surrogates will accurately reflect the choices patients would make if capable of doing so. Little research has addressed predictors of accuracy in terms of surrogate gender, although findings in other domains of interpersonal relationships suggest that women may be more sensitive to the needs of others, making them more accurate surrogates. The present study examined this possibility using a sample of 401 "patients" over 65 years of age (M=73) and their designated "surrogates" (62% spouses). Patients stated their desire for 4 medical treatments (e.g., CPR, artificial nutrition and hydration) in 9 states of future health impairment (e.g., Alzheimer's disease, terminal cancer), and surrogates predicted patients' treatment decisions. Overall, female surrogates were more accurate than males. Patients also reported greater confidence and comfort in female surrogates. These differences were particularly pronounced for spouses. The findings question the assumption that accuracy is the crucial goal of surrogate selection, as women continue to appoint their husbands as surrogates despite their awareness that men are less accurate. Future research is needed on both predictors of surrogate accuracy and motivations underlying surrogate selection.

RACIAL VARIATIONS IN ADVANCE DIRECTIVES AND SURROGATE DECISION-MAKERS IN LONG-TERM CARE: A MULTISTATE COMPARISON.

D.K. Kiely, S.L. Mitchell, A. Marlow, K. Murphy, J.N. Morris. Hebrew Rehabilitation Center for Aged, Boston, MA 02131.

Advance directives (AD) and a surrogate decision-maker (SDM) provide individuals the means to influence their medical care in the event their decision-making ability is incapacitated. AD and SDM have been reported to vary by race. We used Minimum Data Set information from four states: California (CA) (n - 130,075), Massachusetts (MA) (n - 59,691), New York (NY) (n - 112,108), and Ohio (OH) (n - 98,935) to analyze racial variations in AD and a SDM among long-term care residents. Racial groups included: White (WH), Black (BL), Hispanic (HI), Asian (AS), American Indian (AI). Race distributions varied by state with the majority being WH and AI rare in all states. Outcomes included living will (LW), do not resuscitate (DNR) order, and whether or not a SDM exists. In all states, the percent of LW and DNR order for WHs were distinctly different from BLs, HIs, and ASs, but not AIs. Racial percentages for SDM were not as distinct and varied by state. For analytic purposes, race was categorized as white and nonwhite. After adjusting for age, gender, marital status, education level, cognitive performance, and depression status, (referring to CA, MA, NY, and OH respectively) , except for MA, whites were significantly more likely to have a living will compared to non-whites (OR [CI95L,CI95H] - 2.3 [1.4,3.6], 2.1 [.65,6.7], 3.0, [2.1,4.0] 6.4 [4.7,8.7]). Whites were more likely to have a DNR order (2.6 [2.3,2.9], 3.1 [2.2,4.4], 3.4 [3.0,4.0], 3.2 [2.7,3.9]). No significant differences were found in SDM in CA and MA, but in NY (1.4 [1.2,1.6]) and OH (1.4 [1.1,1.7]) whites were more likely to have an SDM. Despite the fact that Medicaid and Medicare-certified nursing homes are required to inform the residents of the state's law regarding ADs, and educate staff and community on issues regarding ADs, differences exist between races and across states. More research is needed to understand the reasons for these differences.

THE PATIENTS' PERSPECTIVE ON ETHICAL GUIDELINES FOR DIALYSIS THERAPY

R P Penza & G M Rabetoy, Departments of Family and Consumer Studies, and Internal Medicine, University of Utah, Salt Lake City, Utah 84112

When the End-Stage Renal Disease (ESRD) Program (funded by Medicare) became available to every citizen with ESRD, criteria-based selection of patients was abandoned. Consequently, a program that began with 11,000 patients in 1972 is today serving about 400,000 persons per year. In a time where Medicare funds are becoming increasingly limited, there is an increasing interest to establish guidelines that would enable doctors to be more selective when offering dialysis. This study explored patients' views on the use of proposed guidelines for initiation of or withdrawal from dialysis therapy. Based on a mixed-methodology research strategy, this project stemmed out of a need for patients' representation in the current guideline development movement. The sample included 126 dialysis patients, selected from a statewide database of University of Utah Dialysis Program' patients. Seventy percent of the participants were over 45 years old and 42% had diabetes. Whereas 7% had prior awareness of dialysis eligibility-guidelines, agreement with the use of guidelines was expressed by approximately a third of the sample. Out of nine proposed guidelines for refusal of dialysis therapy, patient refusal was the most commonly accepted (55% agreement), while the guideline concerning lack of Medicare coverage was the least favored (8.3% agreement). Significant gender and age differences were observed in responses related to the latter guideline. This is the first study adopting a patient-centered approach to explore the issue of using guidelines for prescribing dialysis therapy. Results suggest that rationing guidelines would be strongly rejected by the patient community. It appears that a need exists for more ongoing patient-doctor discussion so that an informed decision to start or discontinue dialysis can be taken.

ETHICS RESOURCE FOR LONG TERM CARE: INNOVATIVE STRATEGIES

B. Hudson Keller, CARIE, Phila., PA 19107

Every day, long term care staff struggle with resolving ethical questions arising in the care of residents. CARIE conducted survey research to determine specific areas of concern and identify education and training needs of staff. Data collected reveal the need for increased education about caring for residents who refuse care (e.g., bathing, feeding, medication); end-of-life care (including artificial nutrition and hydration, medically futile treatment, advance directives and

" no code" orders); and special behavioral needs of residents (wandering, aggressiveness, passivity). These findings highlight the need for an independent ethics resource to assist facilities in developing effective ethics committees, to provide a training resource for facilities with established committees, and to assist facilities in developing competence in case consultation relating to common ethical dilemmas.

ADVANCE DIRECTIVES: PREVALENT COMMUNICATIONS STYLES IMPACT END OF LIFE DECISIONS

A. Dominguez, Minority Biomedical Research Support
University of Texas-Pan American, Edinburg, Tx. 78539

This study explores the relationship between communication styles and decision making at end-of-life by Mexican Americans in a hospital setting. It is based on participant observation, case studies and questionnaires that focus on decision making and cultural attributes. Fifty questionnaires completed by health professional differentiate between democratic and authoritative communication styles. Participant observation in an intensive care unit documents the patient, family, and health professional in introduction and administration of end-of-life directives. Four case studies follow the events surrounding patient decision-making and "death with dignity". The findings in this study support the need for culturally appropriate, patient-and family-centered dialogue at end-of-life. This study finds the degree of ambivalence ofend-of-life goals needs to be redressed.

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A Group Therapy Program in the Nursing Home Promoting Dementia Expression: The Feelings Art Project

S. Bober, E. McLellan, L. McBee, L. Westreich. The Jewish Home & Hospital, New York, NY 10025

Nursing home residents with Alzheimer's Disease and other dementias experience losses in areas of physical, cognitive, and family life. Despite profound declines in cognitive functioning, dementia sufferers continue to experience emotions. Many struggle to communicate these emotions verbally. The Feelings Art Project seeks to promote the communication of feelings in dementia sufferers, creating an outlet for emotional expression.

A Dementia Special Care Unit of a 514-bed academic nursing home offered an ongoing group therapy program for residents with Alzheimer's type and other dementias. This intervention was designed to tap into residents' feelings on a series of universal topics including family, work, holidays and seasons, using art as a vehicle for the expression of emotions. Employing visual, tactile, olfactory and audio stimulation, dementia sufferers were helped to find "voice" for their feelings.

Before and after the group, residents with limited verbal abilities were able to identify feelings using a visual recognition scale and verbal cues. Outcomes included a heightened ability to identify emotions and increased socialization among group members. This group therapy program employed art-based activities as a stimulus to facilitate uncommunicated emotion in severely demented nursing home residents.

A MODEL LINKING POLICY TO THE TRAJECTORY AND EXPERIENCE OF NURSING HOME PLACEMENT

Robin L.Stadnyk, University of Toronto, c/o
Dalhousie School of Occupational Therapy, 215
Forrest Building, Halifax, NS, Canada B3H 3J5

Most research examining nursing home placement focuses on one point in time rather than the process as a whole, and seldom considers the impact of policy, which often determines placement eligibility, availability of nursing home space and subsidies, and community alternatives to placement. This poster presents a model of regional policies as they impact on critical events (e.g., change in health or social supports) and locational changes (e.g., home, family member's home, acute care hospital) of individuals awaiting placement and their involved family members. The model is applied to three case studies, illustrating the complexity and diversity of the waiting process. In conclusion, the model is a useful tool to illustrate some of the lived experience of families awaiting term care placement, as well as to consider the influences of policy on the different aspects of the placement experience.

ADVANCES IN ADVANCED DIRECTIVES? INITIAL RESULTS FROM THE 1996 MEDICAL EXPENDITURE PANEL SURVEY.

T.H. Sung & M.A. Smyer, Boston College, Department of Psychology, Chestnut Hill, MA 02467

National policy developments (e.g. OBRA '87 and the Patient Self-Determination Act '90) have increased attention to nursing home residents' rights and autonomy in health care decision-making. Within this policy context, this presentation reports on rates of residents' specification of advanced directives using data from the 1996 Medical Expenditure Panel Survey (MEPS) Nursing Home Component (NHC). The MEPS sampled 3,747 nursing home residents from 952 nursing homes across the United States in January 1996. Our model of specification of advanced directives combines individual characteristics (e.g. mental status, understanding, memory, etc.- Frank & Smyer, 1998) and institutional elements (e.g. proprietary status, insurance certification). Sixty-one percent of those aged sixty-five and older had some form of advanced directive. Preliminary results indicate significant relationships between higher rates of signed advanced directives and those with greater limitations of decision-making capacity. Further, signed advanced directives were associated with being female, older, widowed; having greater ADL limitations and cognitive and memory impairments; and residing in facilities that are private non-profit and/or are independent living nursing homes. The lowest rates of signed advanced directives were associated with African American residents. Implications of these results for the clinical assessment of decision-making capacity and nursing home policy will be discussed. SRPP-16

HEALTH AND FUNCTIONAL STATUS OF OLDER PEOPLE IN LONG-TERM CARE FACILITIES IN KOREA

Y. Lee, K. Choi, Y. K. Lee
Department of Preventive Medicine, Ajou University School of Medicine, Wonchon Dong 5, Pardar Gu, Suwon 442-749, South Korea

In Korea, institutional long-term care (LTC) is provided to residents in nursing homes (NHs) and elder homes (EHs). The aim of this study was to assess health and functional status of older persons in LTC facilities to identify their health care needs. The first national survey of long-term care residents was conducted in 1999. A sample of 1,105 residents was interviewed. Of the respondents 70% reported limitation in activities of daily living (62% among EH residents compared to 81% in NHs). The prevalence of chronic conditions was 90%, with 64% reporting comorbid conditions. Dementia was suspected in 45% of NH and 27% of EH residents. Recent government proposal to expand LTC facilities should take into consideration differing levels of their health care needs.

IMPROVING END-OF-LIFE CARE IN A LONG-TERM CARE AND ASSISTED LIVING FACILITY

T. Peak, Social Work Program, Utah State University, Logan, UT 8322-0730; S. Sinclair, Sunshine Terrace Foundation, Logan, UT 84321

We describe focus groups to identify ways to further improve end-of-life care for residents, families and staff at a large nursing home and an assisted living facility. Invitations were sent to family members of all residents who had died between January 1 and October 31, 1999. Staff were selected by supervisors and invited to participate. All participants were volunteers. Discussions included family and staff concerns, reaction to changes made in response to concerns raised the previous year and suggestions for improvements. Changes in response to issues raised previously included: (1) Family request for more privacy: promote staff knowledge of all available space that could be used for families when their loved one is dying. (2) Staff request for enhanced notification of a death: 'In Loving Memory' notice boards at various building entrances to identify and honor those who have died. (3) Family request for improved communication with staff at the end of life: staff education on what to say, what to do, what to offer, signs of death, and who to notify about impending death; and (4) Family request for more information to improve their preparation: better information on health care decision making and impending signs of death. Response to change was generally positive, especially about the 'In Loving Memory' boards. Other feedback from the sessions and descriptions of further changes are discussed. New family concerns include the desire for a better sense of control; staff members expressed concern about needs of other residents. All participants appreciated the opportunity to discuss these issues.

Religion and Well Being in Nursing Homes

Terry Tirrito, Ph.D. College of Social Work, University of South Carolina, Columbia, SC 29208

The evidence from research indicates that prayer and religious participation positively affect the health and well-being of older adults. This study was concerned with nursing home residents and their spiritual needs. The study explored the importance of religion for nursing home residents and if they used religious behaviors to cope with their current life situation. It was hypothesized that the administrator's beliefs about the importance of religion for older adults would impact the opportunities provided for religious practice in nursing homes. Data were collected for residents and administrators from nursing homes in Australia. A random sample (n=200) of nursing homes was selected from a list of 2811 Australian nursing homes. Results indicate that a majority of both administrators and residents report that religion is very important in their lives. The implications of these findings for linking research to practice are obvious. It is essential for nursing homes to include opportunities for religious practice in their daily routines in the same manner at as they provide care in other activities of daily living.

CHALLENGES FACED IN SUPERVISING NURSE ASSISTANTS: LESSONS LEARNED, TASKS AHEAD.

F.K. Ejaz, L.S. Noelker, D. Schur and J. Reich, Benjamin Rose Institute, 850 Euclid #1100, Cleveland, OH 44114

Focus groups with supervisors of nurse assistants (NAs) were conducted at five skilled nursing facilities to identify challenges faced in supervision and to explore continuing education needs. The focus groups were advertised in the facilities and permission was obtained to conduct sessions at meal times or before/after shifts. Moderators used a set of standard questions to conduct/tape sessions that were later transcribed. Four project researchers independently content analyzed the data for each question across sites. Reliability estimates were high with 80-100% agreement on most questions.

The supervisors were primarily women, LPNs, and a common theme across the five sites was that they had little or no training in supervision. Supervisors in all sites had learned on the job, and there was variation both within and across sites in how they learned to deal with their challenges. Common challenges included lack of NA commitment, motivation and issues of insubordination. Despite many common challenges across sites, there was greater variation in the types of new or improved skills supervisors would like to learn through their continuing education (CEU) that related to their internal challenges. Two common themes related to learning more about management skills and effective supervision. Supervisors in four sites wanted time off to attend workshops that were practical/useful. Three sites complained of the expense so they used tests in journals and magazines for CEUs. All sites are working with project researchers to implement the recommended changes in addressing CEU needs.

CHARACTERISTICS OF NURSING HOME RESIDENTS UNDER AGE 65

B.E. Fries, W. Wodchis, C. Blaum, A. Buttar, Institute of Gerontology, Univ. of Michigan and VA Medical Center, Ann Arbor, MI 48109. J.N. Morris, Hebrew Rehabilitation Center for Aged, Boston

It is commonly held that nursing home residents under age 65 are substantially different from those older, but little research has addressed this issue. This study examines residents across all ages, using MDS assessments on three-quarter million residents in 10 states, 1994-6. An algorithm corrected potentially incorrect ages caused by confusion between residents under age 15 and those 100-115. 9% of the residents were aged < 65; of these, most (4%) were aged 55-64, but there also were 185 children (age < 15). Factor analysis was used to develop a Chronic Care Hierarchy of 15 categories that describes the primary reason for nursing home placement. Children are highly likely very disabled, including 8% comatose; 52% have Mental Retardation/Developmental Disabilities (MR/DD), and another 17% severe MR/DD including seizures and quadriplegia. Of young adults aged 15-34, 31% have MR/DD and 11% quadriplegia/hemiplegia (presumedly due to traumatic brain or spinal cord injury). The prevalence of cerebrovascular accidents, mental health problems, Parkinson's and Alzheimer's diseases, cardiac conditions all increase markedly in prevalence, especially after age 45. Understanding the characteristics and needs of the younger cohort of nursing home residents is critical to designing assessment, care, financing, and quality assurance systems.

A Research Study on the Quality of Life for the Frail Elderly

Kaiko Kitagawa , Faculty of Culture & Education
Saga University, 1 Honjo Saga, Japan
M. Saiba, S. Kanegae, S. Yamashiro, C. Hayashi,
M. Komuma, S. Jufukuin

Quality of Life (QOL) measurements have become recognized as valuable indicators of health status and quality of living conditions in the research fields of medicine, public health, and social work. As a newly developed research tool, QOL research has raised a variety of important questions that have posed significant research challenges. The main purpose of this study was to evaluate QOL among the frail elderly in 2 different types of elderly home, using SF-36, FIM instruments, and LSQ Questionnaires. Through the use of these three questionnaires, we found that the results derived from SF-36, FIM correlated in regard to the physical health of the elderly living in health care homes, but differed in regard to those living in nursing homes. Reductions in social interaction, physical ability, and general interests, as well as increases in health concerns and concerns regarding their care in the last stages of life are common to the frail elderly. The results of present study also show high scores in the area of "fashion score" among the elderly in nursing homes. This indicates clearly that the majority of elderly women who participated in this study are interested in hairstyles, cosmetics, and clothing. These findings also indicated that physical environment is mutually correlated with QOL.

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NOT FOR GERONTOLOGISTS ONLY: POSITIVE IMPACTS OF DIVERSE ACADEMIC DISCIPLINES ON SERVICE LEARNING IN ELDER-CARE PROGRAMS.

C. Hegeman, Foundation for Long Term Care, 150 State Street, Albany NY 12207

PARTICPANTS:

C. Hegeman (Foundation for Long Term Care, Albany, NY 12207) and K. Pillemer (Cornell Gerontology Research Institute, Ithaca NY 14853) "Service Learning in Elder Care: History, Evolution, and Evaluation"

S. Bleiberg-Seperson (Dowling College, Idle Hour Blvd., Oakdale, NY 11769) "Sociology, Social Work and Service Learning"

B. Horowitz (SUNY Stonybrook, LI, NY) "Service Learning and Occupational Therapy"

N. Beaumont and J. S. Fulks (Bowling Green State University, Bowling Green, OH 43403) "Multi-Disciplinary Service Learning in Elder Care in a Large State University"

DISCUSSANT:

P. Roodin (SUNY, Oswego, NY 13126)

Service learning in elder care has entered the academic and public lexicon. Its "traditional" form involves students in disciplines associated with aging services and services such a friendly visiting. However, while this kind of service learning will remain at the heart of most programs, there are now less "traditional" models. For example, faculty and students from disciplines including, but not limited to, architecture, criminal justice, communication, and accounting, also engage successfully in the service learning in elder care experience. This symposium will (1) propose a more inclusive definition of service learning in elder care and explicate its rationale; (2) review the newer faces of service learning in elder care and discuss benefits and risks these different approaches present for students, faculty, and elders; (3) report on an evaluation of programs over a nine-year period; and (4) provide recommendations for implementing new models of service learning in elder care.

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MEDICAID HOME AND COMMUNITY-BASED CARE: SUMMARY OF NATIONAL DATA, 6 STATE SITE VISITS AND DESIGN FOR A NATIONAL EVALUATION

S. Lutzky, & L.M.B Alecxih. The Lewin Group, 3130 Fairview Park Drive, Suite 800, Falls Church, VA 22042.

Participants:
L.M.B Alecxih (The Lewin Group). Overview and evaluation design
S. Lutzky (The Lewin Group). Findings from program reviews
J. M. Wiener (The Urban Institute, Washington, DC 20037). Findings from site visits to elderly/disabled 1915(c) programs.
Discussants:
W.G. Weissert (University of Michigan, Ann Arbor 48109). Methodological issues

Medicaid Home and Community-Based Services (HCBS) offered by states provide elderly and younger individuals with disabilities and their families the opportunity to access needed care in their home or more home-like settings. While HCBS is generally thought to be desirable, very little systematic information about how these services are delivered and their effectiveness has been generated, especially since the mid-1980s.

Under contract with the Health Care Financing Administration (HCFA), The Lewin Group and its subcontractors have just completed the first phase of an assessment of the Medicaid HCBS. The project has gathered data on number of recipients, expenditures, and program design from various sources. Based on this data, we selected six states for examination of their Medicaid programs serving the aged/under 65 with physical disabilities populations and six states for examination of their programs serving individuals with mental retardation/developmental disabilities. We have conducted process evaluations describing how the programs operate. We will be conducting beneficiary surveys in Phase II.

This symposium will provide the following: (1) an overview of Medicaid funded HCBS nationwide, including a discussion of trends in expenditures and recipients; (2) results from the process evaluation of the six aged/disabled states; and (3) a discussion of the evaluation design for Phase II.

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MEDICAID ESTATE PLANNING: PUBLIC PERCEPTIONS OF MORALITY AND NECESSITY

L Curry, C. Gruman, J. Robison, Braceland Center for Mental Health and Aging, Institute of Living/Hartford Hospital, 400 Washington St., Hartford, CT 06106.

Although researchers have attempted to estimate the magnitude and prevalence of Medicaid estate planning (MEP), normative data regarding public perceptions of its morality and rationale are nonexistent. As part of a larger project on consumer views of long term care financing, this qualitative study explores attitudes toward MEP among older adults in the community and their caregivers. Eighteen focus groups were completed (total n=155), using stratified purposeful homogenous sampling. Analyses of transcripts were completed with NUD*IST 4.0. The following central themes emerged: 1) MEP is viewed as immoral by some and rational by others, 2) losing control of assets is highly undesirable, 3) protection of spouses in the community is a primary motivator, 4) MEP is available only to those with specific resources, and 5) Medicaid stigma is a deterrent to MEP. Discussions also raised concerns about policy that relies on Medicaid as the primary public model for financing nursing home care (spousal impoverishment and middle class reliance). Medicaid stigma negatively influences individual self esteem and perceived quality of care. Illustrative quotes are provided to characterize these themes more fully. Supported by the Robert Wood Johnson Foundation.

State Pharmaceutical Assistance Programs and Medicaid: Lessons for Medicare?

J. Tilly, J. Wiener, The Urban Institute, 2001 M St., NW, Washington, DC 20037

All state Medicaid programs provide drug coverage and more than a dozen states have separate pharmaceutical assistance programs. This paper analyzes state experience with providing pharmaceutical coverage to older persons. The data collected include: program descriptions and costs and stakeholders' views of how the programs work. The data come from two sources: 1) telephone interviews with key state officials and representatives of beneficiaries, pharmacists, physicians, and drug manufacturers, and 2) collection of available data from the programs. The research indicates that beneficiaries value the programs but may have difficulty with complicated application processes. Medicaid and state pharmaceutical assistance programs do not always coordinate their programs, and states have several common approaches to eligibility criteria, quality assurance, and cost containment.

WHEELCHAIR USE: EQUAL OPPORTUNITY FOR ALL? H Hoenig, LG Branch, M Zolkewitz, M Schenkman, C Pieper. Center on Aging, Duke University Medical Centers (DUMC), Durham, NC 27710.

Objective: To identify factors associated with initial wheelchair (wch) use by community dwellers.

Methods: We studied consecutive wch recipients at Durham VA and Duke University Medical Centers. Wch use was monitored 2 weeks after wch receipt in 4 life spaces: bathroom, kitchen, near to home (e.g., yard), and far from home (e.g., beyond neighborhood).

Results: 202 out of 335 eligible persons were enrolled, (153 = community dwelling). Methods used for wch propulsion were human assistance 25.5%, motorized 11.8%, self-propelled 54.9%, missing 7.8%. Wch use in the prior 24 hours was inconsistent across life spaces (Kappa = 0.07 for use at home v away from home). The table shows Odds Ratios (*p<.05, **p<.01, ***p<.001) for selected factors and wch use in different life spaces. Multivariable analyses will be presented.

Location of wch use	*Bath or Kitchen*	*Near home*	*Far from home*
Age			0.62**
Income <$15,000	0.40**		0.34*
# impairments	0.83*		
Prior wch use	3.46***		
Human assist ance with wch	0.14***		
Steps	0.41**	0.29**	
Adapted house	4.44***	4.60***	

Conclusion: Wch use was inconsistent across life spaces. A variety of factors were associated with wch use, particularly inside the home.

HOW DO ELDERLY AMERICANS COPE WITH DISABILITY?

D Taylor, H Hoenig, F Sloan, Center for Health Policy, Box 90253
Duke University, Durham, NC 27708.

Objective: To identify factors that may influence methods used to cope with disability, including equipment and/or personal assistance.
Methods: We used a nationally representative sample of older Americans, n = 7040, with data on medical conditions, disability, coping methods, and social support.
Results: People with more ADL dependencies used substantially more equipment and personal assistance. For example, among hip fracture patients (HFX pts) with >2 ADL deficits, 88.1% used equipment compared to 47.4% of those with fewer ADL deficits. Residing in an institution further increased use of equipment, with 100% of similar HFX pts using equipment. This effect of residential setting persisted after controlling for both the amount of disability and the type of disability for which the equipment was used. 93.8% of HFX pts in an institution used equipment for indoor mobility, compared to 62% of similar patients in the community.
Conclusion: Social circumstances are associated with differences in methods used to cope with disability. A better understanding of factors influencing coping style could help optimize methods used to cope with disability.

PREDICTORS AND DIFFERENTIAL USE OF COMMUNITY SERVICES AMONG ELDERLY WHITES AND BLACKS

J. A. Otado, T.O. Obisesan, C. Umeh,
Department of Medicine, Section of Geriatrics,
Howard University, Washington, DC 20060

The availability and accessibility of community services for the elderly population can significantly influence their health care use and health outcomes. Community services for elderly persons may include meal delivery and day care services among other services. Few studies have examined factors associated with use of community services among this population. The purpose of this study was to determine if enabling factors are more important than predisposing and need factors in predicting use of community services. This study utilized data from the Longitudinal Study on Aging (LSOA). The LSOA sample size was 7,527. Whites were 94.4% and Blacks were 7.4%. The logistic procedure in the SUDAAN was used for modeling. Among Whites, being poor and being impaired were predictors of use of community services. Among Blacks, only living arrangements predicted use of community services. The availability of these services would increase functional capacity, nutritional status, and decrease nursing home placement. The findings on Blacks indicate that those with no social/extended kinship rely more on community services.

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NURSING ASSISTANTS CERTIFIED PERCEPTIONS OF THEIR OCCUPATIONAL HEALTH AND SAFETY RISKS AT A LONG-TERM NURSING CARE CENTER

Jennifer K. Sofie, B. Belza, H. Young, School of Nursing, University of WA, Seattle, 98195-7266

The purposes of this study were to 1) describe Nursing Assistants Certified perceptions of their occupational health and safety risks, and 2) to identify the protective mechanisms used to prevent injury and illness. Using a semi-structured interview guide, ten NAC's from a nursing care center in WA state were interviewed. The interviews were audiotaped, transcribed, and evaluated using content analysis. Hazards and protective mechanisms were identified and these were categorized as environmental, physical, or cognitive in nature. There were areas that the NAC's claim ignorance to concepts that the administration believed to be readily available. While the facility has a number of health promotion and safety programs in place, these alone seem to be inadequately meeting the needs of the NAC's. Strategies are needed in three areas that address the knowledge deficits and enhance the overall effectiveness of improving the health and safety of the NAC's: communication, fostering teamwork, and educational/training opportunities. The perceptions of the NAC's influence the overall quality of the work environment.

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REFUGE & RESISTANCE: CRUCIAL LINKS BETWEEN THE MEANING OF WORK & FRONTLINE STAFF IN LONG TERM CARE

A.K. Vittoria, Department of Sociology, Cornish Hall, State University of New York at Cortland, Cortland, N.Y. 13045

Nursing Assistants, who increasingly provide the bulk of care within medical institutions, labor in the shadow of false stereotypes depicting them as very limited in expertise and knowledge, laboring in low-level work that many would see as undesirable & devoid of meaning. The present intensive interviewing, participant observation sociological study examines the complex meaning & culture of work for NAs. It is part of a large, year & a half research project examining the social world in a long term care institution within the Midwestern United States. Results reveal the following: that frontline staff construct the meaning of their work & identities within and through an on-going dialectic between their desire to create a "haven" within their work world, & those forces within their work & the institutional structure which militate against that; that their identity as "insiders yet outsiders" significantly shapes the culture of work; that the creation of a "refuge" for both staff and residents appears to be a reaction and resistance to the macro urban society with its racism & inequality; that the frontline staff think of themselves as both "specialist" in their knowledge of the residents, & "special" in their care-giving & relating to the residents; and, that while the positive meaning associated with their labor and their staying power on the job is nurtured by their development of a "privileged" knowledge of the residents and their care, that meaning is also fragile and must be forged through resistance. These findings and concepts of carework will be discussed along with their implications for both policy and practice.

WHICH NURSING HOMES HOSPITALIZE MEN AND WOMEN AT DIFFERENT RATES?

O. Intrator, C. E. Bird, D. Gifford, Center for Gerontology, Brown University, Box G-H3, Providence, RI 02912.

Recent research indicates that nursing homes hospitalize men more frequently than women, adjusting for demographic characteristics, comorbidities, clinical and functional status, symptoms and treatments. Other literature has pointed out that hospitalization rates vary tremendously between facilities. In this paper we explore which facilities hospitalize their male and female residents at differential rates. To limit the heterogeneity in physiological differences and differences in disease mechanisms, we studied a cohort of long-staying residents diagnosed with probable Alzheimer's disease. We examined 1995 MDS data from 4 states (ME, MS, NY, SD) merged with Medicare claims. Our cohort included 11,072 women and 3,197 men in 1020 facilities. We studied hospitalizations with primary diagnosis of infection for which we would not expect gender differences in care. Within 6-month 22.7% of the men were hospitalized and only 15.3% of the women. The facility context for this study was measured by the proportion of male residents, and the proportion of alzheimer residents. We adjusted for facility characteristics including size, proprietary status, being part of a multi-facility organization, having an alzheimer special care unit, medical staff (including MDs and physician extenders), and nursing staff. We found that the greater the proportion of male residents in a facility, the less likely hospitalization, and that women in facilities with more men were no more likely to be hospitalized. This finding indicates the importance of studying the matching of facilities and residents, and the interaction of the effects of facility context on outcomes of specific resident groups.

Nursing Home Acquired Pneumonia – The Influence of Facility and Region

WD Spector, T Shaffer (Center for Organization and Delivery Studies) DEB Potter (Center for Cost and Financing Studies) Agency for Healthcare Research and Quality (AHRQ) 2101 E. Jefferson St, Rockville, MD 20852

Pneumonia is the second most common infection found in nursing homes and often results in hospital admissions. Associated mortality is as high as 40%. The rate of pneumonia is higher for nursing home residents than for community dwelling elderly. This is not only due to decreased health of nursing home residents, but also the environment of the nursing home itself. In this paper we use the 1996 MEPS Nursing Home Component to develop incidence rates of pneumonia, and present a multivariate analysis to determine the influence of facility attributes and region on pneumonia rates controlling for resident characteristics. Findings suggest that rates for pneumonia vary by facility attributes even after controlling for resident characteristics. The identification of facility attributes favorable to lower rates of pneumonia can be useful to policy makers and facility managers as a way to encourage best practices.

COMPARISON ANALYSIS OF DIVERTED AND NON-DIVERTED NURSING FACILITY APPLICANTS.

K. Macmillan, R. Chapin, R. Rachlin, J. Moore, M. Nakashima, and M. Zimmerman. Office of Aging and Long Term Care, School of Social Welfare, University of Kansas, Lawrence, KS 66045.

In order to develop policies and practices that increase the number of people diverted from nursing facilities (NF) at the point of pre-admission assessment, state policy makers first need to understand the relationship between applicant characteristics, community service availability and remaining in the community. This study analyzed a sample (N=805) of older adults, age 65 and older, who requested admission to NF in May 1999 in one midwestern state. Characteristics of older adults who entered a NF were compared to those who remained in the community with services (diverted). Approximately 79% (N=634) of the older adults were admitted to NF and 21% (N=171) were in the community at the 30th day after the initial pre-admission assessment. Logistic regression analysis was conducted using the following independent variables: ADL's, IADL's, and risk factors, such as falls, wandering, continence, living alone, and self-neglect. Age, memory impairment, and gender were control variables. Findings indicate that older adults that enter NF's differ significantly from those who remain in the community in the areas of medication management and incontinence. People who entered NF's were three times more likely to have impairment in ability to manage medications and two times more likely to be frequently or always incontinent. Study implications will be discussed including development of recommendations for tailored assessments, information and referral, and service packages based on identified incontinence and medication management problems.

Funded in part by the Kansas Department on Aging.

ARE WE ALL IN THIS TOGETHER? HOW PROVIDERS OF DIFFERENT LONG TERM CARE SERVICES ARE RESPONDING TO MANAGED CARE AND OTHER SERVICE CONSTRAINTS.

D. Zablotsky, T.L. Scheid, M. Ruth, Department of Sociology, University of North Carolina at Charlotte, Charlotte NC 28213.

As increasing numbers of older persons are served in managed care environments for both acute and long term services, researchers have begun to measure the impact on cost, service utilization, and patient satisfaction. One group that is extensively affected by changes in policy and cost containment strategies are the administrators of long term care facilities and agencies. This study investigates the presence of managed care practices, organizational responses, and evaluations of the service environment by long term care providers in 1996 and 1999 from two counties in North Carolina, utilizing open ended and fixed response questionnaires. Respondents provided care in a variety of settings including adult day care, home health care, physical and rehabilitation therapy, assisted living and nursing homes. The administrators report that they are experiencing a more constricting and negative delivery environment while the majority serve clients with decreasing functional levels who need more types of services. In this paper we specifically examine the influence of the type of facility, profit status, and level of integration on how providers are responding to the increasing demands of the long term care environment.

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USE OF LINKED MEDICARE AND MEDICAID DATA FOR PLANNING AND RESEARCH: STRENGTHS AND LIMITATIONS

Chairpersons:

Ajith Silva, and Steven Johnson, Center for Health Program Development and Management, University of Maryland Baltimore County, Baltimore, Maryland 21250.

Participants:

Anthony Tucker, Johns Hopkins University, Baltimore, Maryland Implication of blending Medicare and Medicaid Payment streams using Medicare+Choice diagnosis-based risk adjustment alternatives.

Leonard Gruenberg, Long Term Care Data Institute, Cambridge Massachusetts: Pathways to institutionalization.

Daniel Gilden, JEN Associates Inc., Cambridge Massachusetts: An epidemiological profile of dually eligible Masachusetts frail elderly

Steven Johnson, Center for Health Program Development and Management, University of Maryland Baltimore County, Maryland: Medicaid eligibility status as a predictor of Medicare costs

Ajith Silva, Center for Health Program Development and Management, University of Maryland Baltimore County, Maryland Developing Nursing Home Certifiability and functional deficiency equivalents from Medicare Medicaid linked data

Discussants:

Frank Porell, Gerontology Center, University of Massachusetts, Boston, Massachusetts, and

James Hawthorne, Health Care Financing Administration.

Linking of large state-level Medicare and Medicare datasets for planning and evaluation of managed care initiatives, cost and diagnostic profiling, and developing national and state level claims based risk adjusted payment methods is gaining more popularity among state planners and researchers. Linked Medicare and Medicaid fee-for-service data provide a powerful base for planning and research. However, planners and researchers need to be aware of the strengths and weaknesses in these data. The base Medicare Medicaid linked data are supplemented with other state level datasets to provide additional insights into other significant health related dimensions that relate to both health status and cost among Medicare. Medicaid and dually eligible beneficiaries. Apart from the formidable task of actually linking the Medicare and Medicaid data and other datasets, a number of significant issues have emerged that relate to use of information contained in these data for risk adjustment, planning, or research purposes. This symposium discusses both qualitative and quantitative issues involved in using Medicare and Medicaid linked data. The panel comprises of experts from the States of Maryland and Massachusetts who have expertise in linking the data as well as those who are currently analyzing the data for various State initiatives, or development of national or state-level Medicare. Medicaid claims based risk adjustment methodologies. Among the topics covered in this symposium are the issues involved in blending Medicare and Medicaid dollars for risk adjustment, pathways to institutionalization, use of Medicaid eligibility as a marker for high Medicare costs, developing functional disability equivalents from claims data and prevalence of functional disability based on claims data and its use for various research and planning purposes.

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FINDINGS FROM THE EVALUATION OF THE ADMINISTRATION ON AGING'S ALZHEIMER'S DEMONSTRATION GRANTS TO STATES PROGRAM: IMPLICATIONS FOR PLANNING, POLICY, AND RESEARCH.

K. Kosloski, Gerontology Dept., University of Nebraska at Omaha, Omaha, NE 68182. Melanie Starns, ADDGS Project Officer, Administration on Aging, DHHS, Washington DC.

PARTICIPANTS:

R. Montgomery, J. Marquis, & S. Klaus (Gerontology Center, University of Kansas, Lawrence, KS 66045). Profiles of Respite Service Use.

J. Schaefer & K. Hupp (Gerontology Center, University of Kansas, Lawrence, KS 66045). The Role of Cultural Factors in the Evaluation of Program Outcomes.

K. Kosloski & R. Montgomery (Gerontology Dept., University of Nebraska at Omaha and University of Kansas). Issues in the Measurement of Client Satisfaction.

T. Karner (Gerontology Center, University of Kansas, Lawrence, KS 66045). Evaluating Program Success: Tapping the Knowledge of Key Service Delivery Staff.

DISCUSSANTS:

Jeanette C. Takamura, (Assistant Secretary for Aging, Administration on Aging, DHHS, Washington DC, 20210).

Diane Justice (Deputy Assistant Secretary, Administration on Aging, DHHS, Washington DC, 20210).

The Alzheimer's Demonstration Grants to States (ADDGS) program was authorized through Sections 398, 399, and 399A of the Public Health Service (PHS) Act, as amended by Public Law 101-557 Home Health Care and Alzheimer's Disease Amendments of 1990. The program was intended to allow grantee states to develop a statewide system of support services for caregivers and patients with Alzheimer's disease. A major focus of the demonstration programs was on the provision of respite care, especially to minority, rural, and traditionally under served populations. Data from the ADDGS evaluation are especially relevant because they represent a temporally extended, comprehensive picture of actual respite use patterns by thousands of caregivers from diverse regions of the country. The goal of this symposium is to summarize relevant findings from the evaluation that have important implications for the future design, implementation, and evaluation of community-based respite programs. Relevant findings from the evaluation include estimates of average initial use rates, average duration of use, characteristics of short vs. long-duration users, cultural and structural barriers to use, culturally situated beliefs that affect use rates, issues in the measurement of client satisfaction, and perceptions of program outcomes by key staff. Findings are broken down by type of respite (in-home vs. ADC), urban vs. rural status, and ethnicity. The impact of program characteristics (e.g., client cost and service capitation) on patterns of use are also examined.

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THE FUTURE OF HOUSING OLDER AMERICANS: RESEARCH RESULTS, POLICY UPDATES AND PRACTICAL APPLICATIONS

J. Pynoos, National Resource Center on Supportive Housing and Home Modification, USC Andrus Gerontology Center, Los Angeles, CA 90089-0191.

PARTICIPANTS:

J. Pynoos, (National Resource Center on Supportive Housing and Home Modification, Los Angeles) The Potential of Home Modification for Older Americans: Identifying Challenges and Possibilities

D. Redfoot, (AARP, Washington, DC, 20049) The Status of Government Assisted Housing for the Elderly: Recent Research and Implications for Practice

M. Rodgers, (American Association of Homes and Services for the Aging, Washington D.C. 20004-2011) Efforts at the Federal Level to Improve Elderly Housing

DISCUSSANT:

J. Ventrone, (Subcommittee on Housing and Community Opportunity, U.S. House of Representatives, Washington, DC)

Single family homes and multi-unit settings (e.g., government assisted housing, assisted living facilities) are the most crucial affordable long term care delivery sites of the future. As yet an underutilized long term care resource, these are the places where most frail older people and younger persons with disabilities now reside and prefer to live. Symposium will review recent research and policies that support innovations in housing older Americans in the future: studies of federal Section 202 housing projects and the conversion of government assisted housing into assisted living, a new Commission on Housing and Healthcare, a Congressional report on the housing conditions and needs of older Americans, recent HUD appropriations which include major funding and reform of elderly housing, and an analysis of policies and financing mechanisms that could increase home modifications.

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FORMING AN EDUCATED STATEWIDE NETWORK OF REGIONAL ETHICS COMMITTEES FOR LONG TERM CARE

Linda O'Brien, RN, MA, The Cooper Health System, 3 Cooper Plaza, Suite 220, Camden, NJ 08103

PARTICIPANTS:

Linda O'Brien, RN, MA & Elisabeth Siegert, M.D. & Catherine Earl, CSW; (The Cooper Health System)

William Isele, JD & Kathryn Hirschfeld, RN, BSN; (New Jersey Dept. of Health & Senior Services/Office of the Ombudsman for the Institutionalized Elderly)

Bonnie Kelly, MSW; (Ridge Oak, Inc.)

Long term care providers are increasingly seeking resources to assist with the myriad of complex ethical dilemmas that arise within their facilities. The New Jersey Stein Ethics Education and Development Project (NJ SEED) was created to establish a formal network of 12 skilled regional ethics committees accessible to New Jersey's 407 nursing homes and assisted living residences, and to provide ongoing ethics educational support to long term care professional and paraprofessionals. The NJ SEED Project's train-the-trainer format is a year-long ethics education program which targets physicians, nurses, social workers and clergy. Topics for ethical consideration include issues related to autonomy and decision-making capacity, pain and palliation, case law, advanced care planning and end-of-life. Almost 200 facilities and 430 health care professionals have participated in the program.

Twelve strategically located regional ethics committees have been linked to the Office of the Ombudsman for the Institutionalized Elderly as part of the statewide ethics network. These committees provide case consultation, ethics education and policy development throughout the state. Preliminary reports suggest the enhanced identification, analysis, and resolution of ethical concerns in long term care.

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RESEARCH AND EDUCATION: IDENTIFYING THE CORE VALUES, THE DIFFERENCES, AND THE LINKAGES.

Charles R. Schmidtke, Canisius College, 2001 Main St., Buffalo, NY 14208.

PARTICIPANTS:

Kenneth F. Ferraro, Sociology, Purdue University, 1365 Winthrop E. Stone Hall, West Lafayette, IN 47907

Christine L. Fry, Anthropology, Loyola University of Chicago, Chicago, IL 60626.

Jon Hendricks, University Honors College, Oregon State University, Corvallis, OR 97331.

This symposium begins with the following premise: A Critical Gerontology should assume that the various disciplines and fields examining aging do so with diverse methodologies, values, and viewpoints. Thus, they create different paradigms and meanings of aging. These examinations are not merely different views of a homogeneous reality, however; rather, they constitute a real heterogeneity of meanings. The same premise can be applied to the difference between research and educational programming. This symposium will examine critically this diversity. Panel members will examine the nature of the differences; discuss what core values exist; and identify linkages across disciplines and between research and educational programs. Finally, the panel will address how multidisciplinary approaches can become interdisciplinary and how research and education should be iteratively designed. The format for this symposium will be discussion oriented and everyone will be encouraged to participate.

This symposium is sponsored by the GSA Research, Education and Practice Committee.

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The Biology of Aging: Oxidants, Cytokines and Neuronal Survival

Raymond Daynes, Salt Lake City GRECC,
500 Foothill Blvd., Salt Lake City, Utah 84148

Raymond Daynes (Salt Lake City GRECC) Oxidant and Immune Factors in Aging

Lorise Gahring (Salt Lake City GRECC) Cytokine Biology in the Aging CNS

Scott Rogers (Salt Lake City GRECC) Modulation of Age-Related Loss of Cholinergic Neurons

Noel Carlson (Salt Lake City GRECC) NSAIDs and Prevention of Neuronal Cell Death

The factors which are responsible for aging are still incompletely understood. However, previous reports support the concept that some biologic changes during aging correlate with oxidant exposure, and can be modified by antioxidant defenses. Other studies demonstrate that the expression of cytokines is dysregulated during aging, and that this dysregulation correlates with deranged cellular or organ function, or with cellular death. It has been proposed that oxidant and cytokine-mediated changes are responsible for the impaired immune function and for loss of neurons in the central nervous system of elderly persons. The Investigators will present new data regarding the basic mechanisms responsible for age-associated dysregulation of cytokine expression and its role in the impaired immunity of aging, and on neuronal function. In addition, the potential for intrinsic antioxidant mechanisms to correct the age-related defects will be explored. Other work to be presented will be studies of the role of neuronal receptors in neuronal cell death, and the reversibility of this process by receptor and oxidant-mediated processes. These studies illustrate advances in working toward reversal of elements of processes associated with aging.

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GENES AND HUMAN LONGEVITY

J. W. Vaupel (Max Planck Institute for Demographic Research, Rostock, Germany).

PARTICIPANTS:

J.W. Vaupel (Sanford Institute of Public Policy, Duke University). Do Centenarians Cluster in Families?

C. Franceschi (Italian National Institute on Aging) Interleukins and Telomere Length in Centenarians

K. Christensen (Institute of Public Health University of Southern Denmark). Telomere Length and X-inactivation among Elderly Twins

E. Wang. (Dept. of Biochemistry & Molecular Biology, University of Louisville). Are there genetic subgroups in Centenarians as Determined by Apoptosis Gene Expression

What can we learn about aging from studying examples of exceptional longevity in humans? This symposium will examine the genetic basis of exceptional longevity, by assessing the extent to which centenarians are clustered in family and whether specific alleles in genes regulating cellular apoptosis might contribute to long life. Also, mechanistically, does telomere length of the exceptional elderly differ from the population at large and to what extent might certain aspects of the immune system be related to long live? Also addressed will be the extent to which dominance of one X-chromosome in cells of elderly female twins might account for the longevity differences between the sexes.

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PREVENTION AND TREATMENT OF OSTEOPOROSIS IN PRIMARY CARE PRACTICE

E. Calkins, SUNYat Buffalo and the WNY and Rochester Osteoporosis Resource Center, 899 Main Street, Buffalo, NY 14203

E.S. Siris, Columbia Presbyterian Medical Center, 180 Fort Washington Avenue, NY, NY 10032

PARTICIPANTS:

C. C. Johnston, Jr. (University of Indiana, IN 46202, President, National Osteoporosis Foundation) Osteoporosis; an Overview.

J. Nieves (Helen Hayes Hospital, E Haverstraw, NY 10993) Treatment of Osteoporosis by Primary Care Physicians as Compared with Specialists.

E. E. Jolly (University of Ottawa, Ottawa, Ontario K1H8L6). The Role of the Gynecologist in the Prevention and Treatment of Osteoporosis

E. S. Siris (Columbia Presbyterian Medical Center, NY, NY 10032) How well do primary care physicians adhere to NOF guidelines for the diagnosis and treatment of osteoporosis? Results from the National Osteoporosis Risk Assessment, The NORA Study.

E. Calkins, SUNY at Buffalo, 899 Main Street, Buffalo, NY 14203. Prescription patterns of Individual Primary Care Physicians; Response to a Pilot Intervention.

DISCUSSANT:

J. Karuza (State Univ. College at Buffalo, and Western NY and FingerLakes Geriatric Education Centers, Buffalo and Rochester, NY 14208)

Osteoporosis is a major threat to the health and independence of older people, exacting a high toll in life satisfaction and health care dollars. These burdens can be reduced significantly through appropriate and well documented means of prevention and treatment. Despite this, the extent to which this knowledge is being implemented in primary care practice is seriously deficient. This panel will address these issues, citing current information concerning prevalence, prevention and treatment, current patterns of community practice, and several innovative approaches to enhancing compliance. The findings will be discussed in the light of research on changing physician practice and patient compliance.

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THE GERIATRIC NURSE PRACTITIONER AS END-OF-LIFE CARE MANAGER FOR THE CHRONICALLY ILL

ML Henderson, School of Nursing and Medicine, University of North Carolina, Chapel Hill, NC 27599-7460

This paper discusses the development of the geriatric nurse practitioner as an end-of-life care manager who delivers services across settings to patients with advanced chronic illnesses and their families. Most people in the United States die of the end stage of a chronic illness, yet they are rarely labeled as "terminal," despite increasing frailty and worsening symptoms. Many of these patients have not prepared for death and do not have hospice or any special services to make their dying process more comfortable and in accordance with their wishes, or their care co-ordinated. Geriatric nurse practitioners have knowledge and skills to be the ideal provider for this population with a primary focus on advance care planning, symptom management, and continuity of care. Preliminary outcomes of this innovative model, as well as the barriers encountered in implementing such a role, will be discussed.

Sharing Caregiving Tasks & Well-being of the Primary Caregiver.

Sue V. Fink & Janet Harden, University of Michigan, Ann Arbor, MI 48109-0582

The purpose of this study was to examine the influence of sharing caregiving tasks on the strain and well-being of women caring for an elder. It is common practice to suggest to families that sharing caregiving tasks will protect the primary caregiver from undue strain. The specific question addressed in this secondary analysis of an existing data set was: What is the influence of various types of assistance on caregiver strain and well-being when the elder's functional ability if controlled? Types of assistance included: help from other members of the caregiver's household, help from people outside the caregiver's household, and assistance from community service agencies. The nonprobability sample consisted of 61 women who were providing care to a parent or their spouse's parent. Multivariate regression analysis was used to examine the influence of various types of help while controlling for the elders level of impairment. The model did not explain the variance in caregiver strain ($F=1.04$, $p > .05$), but did explain 16% of the variance in caregiver well-being ($F=2.73$, $p < .05$). Only assistance from people outside the household who were not part of a community agency had an independent influence on caregiver well-being ($t=2.69$, $p <.01$). These preliminary findings suggest that the source of assistance with caregiving tasks may be an important factor in preserving caregiver well-being. Informal sources of aid that the caregiver arranges may be more helpful than assistance arranged by negotiating within the household or through community service agencies

ONSITE AND VIDEO TELECOMMUNICATION TRAINING PROGRAMS FOR FAMILY CAREGIVERS OF OLDER ADULTS

M. A. Rosswurm, West Virginia University School of Nursing, 3110 MacCorkle Ave., SE, Charleston, WV 25304 and J. H. Larrabee, WVU SON.

Family caregivers provide over 80 % of the home care for dependent older adults. Negative consequences of caregiving are greater when family caregivers lack preparation for this role. The purpose of this study was to evaluate outcomes of a 10-hour, small-group training program for family caregivers of older adults living in eight communities. Learned resourcefulness served as the framework for the training program. Major caregiver outcomes were resourcefulness, knowledge, and competency. Other variables were health status, quality of life, and care recipient use of healthcare resources. The study design was a quasi-experimental, time-series design. The total sample of the control, onsite, and telecommunications groups consisted of 106 family caregivers and 114 care recipients. Data were collected immediately pre/post and 30 days and 60 days post training. The training groups improved significantly more than the control group in caregiving knowledge, competency, and quality of life. There were no significant differences in the outcomes of the onsite and telecommunication groups. The findings indicate that family caregivers benefit from small group training through both onsite and video telecommunications methods.

FAMILY WORRY FOR HOSPITALIZED ELDERS: A SCALE DEVELOPMENT AND INITIAL EVALUATION

H. Li, School of Nursing, University of Rochester, 601 Elmwood Avenue, Rochester, NY 14642, B. J. Stewart, P.G. Archbold, School of Nursing, Oregon Health Sciences University, Portland, OR 97201

We know little about what family worries are when their elderly relatives are hospitalized. This information is relevant at this time because family members increasingly are expected to shoulder the burdens of caregiving, often without benefit of adequate understanding and support. Family worry during hospitalization was conceptualized as one type of caregiver role strain from being a family caregiver of an elderly relative. The Family Worry Scale (FWS) was developed based on a foundation established by the primary investigator's previous qualitative study of family care for hospitalized elders. The pre-test version of 35-item FWS was reviewed by a group of experts for content validity prior to surveyed with two convenience samples with a total of 60 family caregivers of hospitalized elders who provided varying degree of care to their hospitalized relatives. Cronbach's alpha for FWS on the two samples were .94 and .96, respectively. Initial evidence of construct validity was obtained based on the conceptual framework. The results indicated that the FWS is a brief, easily administered instrument identified strain within specific caregiver populations at risk.

ATTRITION IN GERIATRIC RESEARCH: ISSUES IN COMMUNITY-BASED INTERVENTION STUDIES

C C Hogue and W. Somboontanont, Institute on Aging and School of Nursing,
University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7460

Attrition plagues all studies that require follow-up, but effects of loss of subjects are compounded when the subjects are elderly. Attrition often exceeds 20% in intervention studies, threatening the internal validity of the experimental design. There are classes of factors that influence attrition; knowledge of these factors can be used to minimize biasing losses.

Using a single-masked study of integrated resistance training for sedentary, rural community residing older adults with arthritis as a model, we will describe why attrition is a problem, what the likely causes are, and what strategies and techniques were used to limit attrition. In this study, 128 eligible subjects were screened, 106 were enrolled, and 97 completed the study. The attrition rate was 8.5%. The study investigated whether a 16-week training program designed to increase muscle strength, flexibility, aerobic capacity, and speed of task completion, as well as knowledge about, acceptability of, and support for exercise would lead to improved health status and physical activity among the subjects. All subjects (mean age, 72 years) had arthritis of the hip or knee and nearly all had additional chronic conditions. All subjects could walk, but some were very frail. Most subjects had never participated in research before and never exercised before. Experimental intervention required subjects' attendance three mornings a week for 4 hours each time; half that time was devoted to the training. The training was demanding though individualized and progressive. The control intervention required subjects' attendance once a week. Control subjects were very disappointed to have been randomized to the control group. The measurements at 3 times over an 11-month period were challenging because of the nature of the tests, and sometimes because of the frailty of the subject. Details of the strategies that allowed us to limit attrition to 8.5% will be discussed.

DECISION ANALYSIS OF HOSPITAL DISCHARGE REFERRALS

K.H. Bowles, M. D. Naylor, University of Pennsylvania School of Nursing, 420 Guardian Drive, Philadelphia, PA 19104; J. Foust, University of Pennsylvania Health System, 34th & Spruce, Philadelphia, PA 19104

Discharge planning requires the ability to recognize, anticipate, and address the complex nature of patients' needs and the skill of the patients' support systems so that appropriate follow-up care is provided. A prior clinical trial revealed that 56% of a control group of high-risk elders did not receive home care. Further analysis revealed the majority to be poor discharge referral decisions. The purpose of this study was to examine how discharge referral decisions are made by analyzing and prioritizing the factors considered important in these decisions, comparing the referral decisions of the various health care providers, and determining the providers' perception of their roles when making referral decisions. An information board was used to present patient data to key discharge decision makers and to track and discuss how they collected and processed information while making their decisions. Tape-recorded interviews with nurses, physicians, and social workers about their decisions and roles in discharge planning were content analyzed. Results indicated the most important factors considered by discharge decision makers when making referral decisions and illustrated the differences among the various health care professionals in how they prioritized the information and viewed their role in the process. The findings are being used to design a decision support instrument for use in discharge planning and decision-making so that elders receive the care that they need.

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INCREASED INCIDENCE OF NEW CORONARY EVENTS IN OLDER PERSONS WITH CHRONIC RENAL INSUFFICIENCY

W.S. Aronow, C. Ahn, A.D. Mercando, S. Epstein, Department of Geriatrics and Adult Development, Mount Sinai School of Medicine, New York, NY 10029.

In a prospective study of 98 persons ≥65 years of age with chronic renal insufficiency (serum creatinine >3.0 mg/dL) for more than 1 year and 98 age-matched and sex-matched persons with normal renal function (serum creatinine ≤1.2 mg/dL), new coronary events developed at 23-month follow-up in 69 persons (70%) with chronic renal insufficiency and at 48-month follow-up in 24 persons (24%) with normal renal function ($p<0.0001$). Significant independent risk factors for new coronary events were age (risk ratio = 1.1), prior coronary artery disease (risk ratio = 3.5), complex ventricular arrhythmias diagnosed by 24-hour ambulatory electrocardiography (risk ratio = 2.5), silent myocardial ischemia diagnosed by 24-hour ambulatory electrocardiography (risk ratio = 1.9), and chronic renal insufficiency (risk ratio = 3.4).

CARDIOVASCULAR DISEASES, INTERLEUKIN-6 AND RISK OF MORTALITY IN OLDER WOMEN.

S Volpato[1], L Ferrucci[1], J Balfour[1], P Chaves[2], LP Fried[2], TB Harris[1] & JM Guralnik[1]
[1]National Institute on Aging, Bethesda,MD [2]The Johns Hopkins Medical Institutions, Baltimore,MD

Inflammation has been related to mortality risk in older persons. We investigated whether specific chronic conditions, particularly cardiovascular disease (CVD), affect the association between high Iinterleukin-6 (IL-6) and the 3-year all-cause mortality in a sample of disabled older women. IL-6 serum level was measured at baseline in 620 women enrolled in the Women's Health and Aging Study. Presence and severity of medical conditions was ascertained by standard criteria that used multiple sources of information, including ECG, ankle-brachial index, forced expiratory volume and exercise tolerance. After adjustment for age, race, smoking and body mass index, women in the highest IL-6 tertile were at higher risk of mortality compared to those in the lowest tertile (RR 3.5; 95% CI:2.1-6.2). However, the presence of CVD strongly affected the risk of mortality associated with high IL-6. Among women with CVD, those with high IL-6 level had a 4-fold risk of death (RR:4.6; 2.1-10.5) compared to women in the lowest tertile, whereas among those without CVD the risk associated with high IL-6 was much lower and not significant (RR:1.7;0.7-4.2). Adjustment for all chronic diseases and markers of diseases severity did not change the results. Older disabled women with high IL-6 were at higher risk of mortality, especially when they have CVD. Systemic inflammation, as measured by IL-6, may influence the clinical evolution of CVD.

CONTRARY TO POPULAR OPINION: EVIDENCE OF HIGHER PREVALENCE OF OSTEOPOROSIS IN HISPANIC (H) VS NON-HISPANIC WHITE (NHW) WOMEN IN RURAL COLORADO.

J. Baxter, M. Reeves, S. Scarbro, M. McDermott, J. Marshall; Dept. of Preventive Medicine, University of Colorado School of Medicine, Denver, CO 80262

Limited and conflicting data exist on osteoporosis prevalence in minority women, resulting in less screening among Hispanic women because of assumed lower risk. This analysis examines the prevalence of osteoporosis and osteopenia using total body bone mineral density DEXA scan measurements classified according to WHO criteria in 419 pre- and post-menopausal H and NHW women. The sample had a mean age of 63, and was 43% H. Age-adjusted prevalence, prevalence risk ratios (PRR) and linear regression models adjusting for additional risk factors were examined.

Age-adjusted prevalence and PRRs:

	H%	NHW%	PRR(95% CI)
Osteopenia	31.4	21.6	1.76 (1.32-2.36)
Osteoporosis	12.2	8.9	1.80 (1.02-3.17)

This excess prevalence of osteoporosis in H compared to NHW women was not explained after adjustment for fat mass, years since menopause, hormone replacement therapy, calcium intake, smoking, physical activity or education level. These data suggest that, contrary to popular opinion, H women may be at increased risk for osteoporosis. Screening and preventive interventions should be increased in H women, to promote equal treatment in both ethnic groups.

THE EFFECT OF CALCIUM SUPPLEMENTATION TO 1500MG A DAY IN ELDERLY MEN ON BONE

M Ankrom, M Tayback[Ψ], M Blackman[φ], Divisions of Geriatric Medicine and Gerontology, Endocrinology[φ], & School of Public Health & Hygiene[Ψ], Johns Hopkins University, Baltimore, MD 21224.

Although calcium supplementation is an effective strategy for prevention of bone loss in elderly women, this strategy has been little studied in men. This study randomized healthy elderly men ≥ 65 years of age to supplementation of diet with calcium carbonate to a total of 1500mg of calcium a day or placebo. Of Thirty-three men in the two-year study, 19 were on calcium and 14 on placebo. In the study six men had asymptomatic low serum phosphate levels, five in the calcium supplemented group and one in the placebo group ($\chi^2=0.21$, Fishers exact test). Primary study outcome was the measurement of serum and urine bone metabolites. Markers examined included serum bone specific alkaline phosphatase, N-telopeptides, along with urine D-pyridinoline crosslinks. N-telopeptides and urine D-pyridinoline crosslinks, as markers of bone catabolism, were reduced in the calcium supplemented group. In accordance with increased bone biosynthesis, bone specific alkaline phosphatase was elevated in the calcium-supplemented group compared to control group ($p<0.01$). Also, the calcium-supplemented group had less bone mineral density loss over the two-year study at hip sites measured, calcium versus placebo total hip +0.046 vs -0.016 gms/cm^2/2years, and femoral neck +0.042 vs +0.003 gms/cm^2/2years ($p>0.05$). Despite the small sample size, this study provides support for the hypothesis that calcium supplementation to 1500mg a day can reduce bone loss in healthy elderly men. Monitoring elderly patients on calcium supplementation may prevent clinical hypophosphatemia.

PREVALENCE OF DEHYDRATION IN OLDER PATIENTS PRESENTING WITH SYNCOPE

M.S. Hussain, V. Maudar, S. Tariq, H.K.Kamel. Geriatric Medicine, SLU School of Medicine, 1402 S. Grand, M238, St. Louis, MO 63104.

Objective: To study the prevalence of dehydration in older patients hospitalized with syncope.

Methods: A retrospective chart review of all elderly (≥65 years) patients admitted with a principal diagnosis of syncope to a teaching community hospital during the year 1997. A total of 101 subjects were included in this study. Dehydration was defined as BUN/Cr ≥20

Results: Dehydration was present in 56% of patients on admission. Syncope patients with dehydration were more likely to have no cause identified for their syncope episode (93% vs. 84%, $p=0.09$), and to have more diagnostic tests performed during their hospital stay(2.8 tests/patient vs 1.5 tests/patient, $p<0.01$) compared to syncope patients without evidence of dehydration. The diagnostic tests compared were CT head, MRI head, holter monitor, echocardiogram, and EEG.

Conclusion: The data from this study indicates that, although syncope patients with dehydration had greater number of diagnostic tests performed, they were less likely to have a cause identified for their syncope episode. This may indicate that dehydration is often overlooked as a possible primary or contributory cause of syncope in older individuals.

FREQUENCY OF CARDIOVASCUALR ETIOLOGY IN PATIENTS WITH SYNCOPE

V. Maudar, M.S. Hussain, S. Tariq, H.K. Kamel. Division of Geriatric Medicine, SLU School of Medicine, 1402 S. grand, M238, St. Louis, MO 63104.

Objective: To study the frequency of cardiovascular etiology in younger and older patients with syncope.

Methods: A retrospective chart review of all patients (n=190) admitted with a principal diagnosis of syncope to a teaching community hospital during the year 1997.

Results: Elderly patients (≥65 years) constituted 53% of study subjects. Cardiovascular causes were identified more frequently in older compared to younger patients with syncope (38% vs. 13%, $p<.0001$). Arrhythmia was diagnosed in 10% young vs. 26% old, $p<.05$; aortic stenosis was diagnosed in 1% young vs. 7% old, $p<.05$; acute myocardial infarction was diagnosed in 2% young vs. 1% old, $p=.8$; and pulmonary embolism was diagnosed in 3% young vs. 4% old, $p=.8$. A cardiac pacemaker was placed in 11% of older patients and in 4% of younger patients, $p=0.08$.

Conclusion: Arrhythmia and aortic stenosis are diagnosed more frequently in older compared to younger patients with syncope.

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A GROUNDED THEORY OF HEALTH AND WELLNESS IN THE TRANSITIONAL PROCESS AMONG MIGRATED THAI ELDERS

O. Kongtaln The University of Arizona College of Nursing, Tucson, AZ 85721

The number of elderly Asian immigrants is steadily increasing. Like all elders, those from Asia often need health services; however little is known about their health care needs or how they maintain health and navigate the health care system in a new land. The purpose of the study is to develop a substantive theory of the transition process among elderly Thai immigrants and describe Thai elders' perceptions of: (a) their health; (b) the impact of societal change resulting from migration on their health; and (c) strategies for managing the migration experience and health during major life and societal change. Grounded theory, the selected approach, is a naturalistic and systemic method guided by the symbolic interaction perspective. It which focuses on the social context and interactional matrix of symbolic meaning and behavior from which basic social processes can be inferred. The results include categories such as letting go and being connected, balancing of power, adjusting to the new world, and maintaining health and wellness through combining of the two worlds. Understanding Asian elder's complex experiences of immigration and how they manage to maintain health and wellness during major life change (migration) is imperative for health care providers to assist them appropriately. More culturally appropriate health services can lead to improve quality of life and cost savings.

Minimizing Attrition in a Randomized Clinical Trial

Bryan A. Weber, Beverly L. Roberts, Rungnapa Panitrat, Shirley M. Moore, Robert M. Palmer, Saeid Amini, Marilyn B. Wagner, Case Western Reserve University 10900 Euclid Ave., Cleveland, OH 44106-4904

High rates of morbidity, mortality, skilled care placement, lack of interest in the study and functional decline contribute to attrition and are common in hospitalized frail elders, the focus of this study. All of these may continue after discharge and lead to attrition and missing data that compromise power and sample size. In a 12-week study testing the effects of exercise on functional recovery of acutely ill elderly, attrition was unexpectedly high. Among the 41 women and 14 men (M=78 years) in the exercise program, and 40 women and 15 men (M=78 years) in the control group attrition was 45% and 40%, respectively, despite cash incentives, RN data collectors, seasonal mailings, and transportation to the data collection site. Factors related to attrition were identified as controllable (lack of interest-17%), and uncontrollable (rehospitalization-9%, extensive PT-8%, death-4%, lost to follow-up-1%, nursing home placement-1% and relocation-<1%). Weekly telephone calls and in-person contact decreased those lost to controllable factors. Among the subsequent 18 women and 5 men in the exercise group and the 18 women and 6 men in the control group, attrition was reduced to 22% and 13%, respectively, with those lost to lack of interest reduced to less than 1%. Hence, an effective low-cost strategy that requires minimal effort, such as increased communication with subjects between data points can decrease attrition in a longitudinal study. (R01NR04012)

Underutilization of oral anticoagulant therapy for stroke prevention in elderly patients with heart disease.

S. A. Ibrahim, MD, MPH, C. Kent Kwoh, MD, Louis Stokes Department of VAMC, 1070 East Blvd. Cleveland, OH 44106.

Heart failure and older age are considered high risks for stroke in patients with atrial fibrillation. Relatively few studies have examined the prevalence of atrial fibrillation and the use of oral anticoagulant therapy in elderly patients hospitalized for heart failure. In this study, we examined the prevalence of atrial fibrillation and use of oral anticoagulant therapy among 12,912 Medicare-insured patients admitted to 30 hospitals in Northeast Ohio between 1992 and 1994.

Information on oral anticoagulant use was abstracted from the list of prescribed medications on admission. Bivariate associations between being on anticoagulant therapy and select demographic and clinical variables were calculated using simple logistic regression models.

Among the 12,911 patients with heart failure, 2093 had atrial fibrillation (16%). Only 414 (20%) of the patients with atrial fibrillation received oral anticoagulant therapy. Older age (OR= 0.93, 95% CI, 0.92 – 0.94) and history of GI bleeding (OR= 0.48, 95% CI, 0.24 – 0.97) were significantly negatively associated with being on oral anticoagulant therapy. History of stroke/TIA (OR= 2.14, 95% CI, 1.67 – 2.73) was positively associated with being on oral anticoagulant therapy.

In conclusion, atrial fibrillation is prevalent in older patients with heart failure and oral anticoagulant therapy is underutilized. **Source of Funding**: VA Health Services Research & Development.

REFINING A MODEL; THE GERIATRIC TECHNICIAN.

B. Haight, S. Hendrix, Col. of Nursing, Medical Univ. of SC, 99 Jonathan Lucas St., Charleston, SC 29425.

This presentation will analyze a three-year project that created, implemented, and evaluated the role of a geriatric technician in three rural physicians' offices, and one urban nursing clinic. The geriatric technician is a community aide and case manager, with full knowledge of community resources and limited nursing skills requiring minimal hands-on care. Lessons learned will be shared regarding the educational level of the technician and the education provided to the technician to manage the caseload of clients. The role and duties in each setting will be compared and contrasted. Factors that contributed to the success or failure of the role will be discussed as will issues with research and data collection. Outcome measures on patients served by the geriatric technician show a significant increase in function ($p<.05$) and a decrease in depression. Data also show that this paraprofessional helps people to maintain their roles at home for a longer period of time, thus prolonging the need for nursing home care. The geriatric technician may be a solution for rural communities with minimal services such as day care and assisted living. Suggestions for continued development of this role and legitimizing the role through certification will be made. *Funded by the SC State Office on Aging*

A COMPARISON OF THE USE OF HEALTH CARE SERVICES BY OLDER MANITOBANS WITH DEMENTIA, NEWLY DIAGNOSED DEMENTIA OR WITHOUT DEMENTIA (1971-1996)* - Phase I (1990-1996)

S. Cosway, J. Manfreda, B. Havens. University of Manitoba, S-110, 750 Bannatyne Ave., Winnipeg, Manitoba, Canada R3E 0W3

Since prevalence of dementia in Canada is expected to increase significantly, the need for statistical evidence of service use from population based studies is important for policy planners. The purpose of this study was to compare service use for community residents (≥65 years) with dementia, without dementia and those newly diagnosed with dementia. Secondary analysis of the Aging in Manitoba Longitudinal Study (1971-1996) database and service use from the Manitoba Health administrative database showed, for example, that the average number of ambulatory physician visits were highest among those that did not have dementia in 1990 but developed it by 1996. Hospital admissions were the highest for those that were diagnosed with dementia in 1990. The results of phase 1 of the study show that those with dementia or who will develop dementia use the health care system more frequently than seniors without dementia. *Funded, in part, by Novartis Gerontological Research Foundation

EVALUATION OF THE PROCESS OF CARE IN THE VA COOPERATIVE STUDY OF THE OUTCOMES OF GERIATRIC EVALUATION AND MANAGEMENT INPATIENT AND OUTPATIENT CARE.

Madeline H. Schmitt, G.D. Heinemann, M.P. Farrell, J. R. Feussner, & H. J. Cohen. University of Rochester Medical Center, Box SON, Rochester, NY 14642

As part of a Veterans Affairs (VA) randomized, multi-site trial of comprehensive geriatric evaluation and care delivered by inpatient and outpatient interdisciplinary teams, the quality of functioning of these teams was assessed at baseline and at yearly intervals for the study's duration. The assessment included a variety of valid and reliable measures previously used in an NIA-funded study of the quality of team functioning in 111 geriatric teams in a national sample of VA Medical Centers, which included 29 Geriatric Evaluation and Management (GEM) teams. At baseline and three subsequent yearly time points, the functioning of the in-patient and outpatient study teams was compared to this larger national data set. Study teams' average scores on perceived degree of anomie (i.e., unclear mission and roles) were lower than those GEM teams in the national sample. Perceived degree of cohesion, communication, task effectiveness, quality of external relations, and embeddedness of members in the team's culture were higher in the study teams than in the national sample of GEM teams. In most instances across the four years, the variance for measures of functioning were also smaller than in the NIA sample. We concluded that the teams chosen to participate in this cooperative trial functioned as well or better than the national sample of GEMs surveyed in the prior study.

CHARACTERISTICS PREDICTING NURSING HOME ADMISSION ON ENROLLMENT IN PACE

S. M. Friedman, Division of Geriatric Medicine, Johns Hopkins University, Baltimore, MD 21224

Background: PACE (The Program of All-inclusive Care for the Elderly) is a community-based long-term care program with a primary goal of maintaining nursing home (NH) eligible older adults in the community. With the expansion of this model of care, it is important to determine whether traditional risk factors for NH admission apply to PACE participants, so as to identify those at highest risk, and potentially develop interventions to delay institutionalization. Methods: This study uses data collected through dataPACE on the 7568 participants with baseline data from June 1, 1990 through June 30, 1998, Twelve sites were studied. Logistic regression was performed to evaluate independent contributions to risk of a NH admission of at least 30 days. Results: Overall, 858 participants (11.3%) were admitted during the study period. Older age, time from program capitation to patient enrollment, IADL dependence, program site, not living alone, and having bowel incontinence were significant predictors of NH admission. Gender, ADL function, self-reported health status, Short-Portable Mental Status Questionnaire result, behavioral problems, urinary incontinence, hearing, vision and communication difficulties, and number of chronic conditions were not independently associated with NH admission. Conclusions: The overall rate of NH admission is low despite a population that is 100% NH eligible, and many traditional predictors of institutionalization are not seen in this program. (CM-15)

HOSPITALIZED LATE STAGE CANCER PATIENT CHARACTERISTICS AND DECISION MAKING ABOUT NONAGGRESSIVE CARE.

E. O'Toole, J.H. Rose, N.V. Dawson, C. Thomas, for SUPPORT Investigators. School of Medicine, Case Western Reserve University, Cleveland, OH 44120

Using SUPPORT project data, we examined cancer patients' (pts) decision making about nonaggressive care in two dimensions (one's goal to relieve pain/discomfort over extending life and one's preference for no CPR vs. CPR) assessed in pt/surrogate interviews on approximately the sixth day of hospitalization. Of 716 patients who preferred treatment to relieve pain/discomfort, 219 wanted CPR ("inconsistent" decision makers) and 497 preferred no CPR ("consistent" decision makers). We compared pts in these groups, all of whom had a median 6-month survival estimate of 50%.

Cancer pts who showed "inconsistent" decision making about nonaggressive care tended to be male (69% vs. 56), have higher incomes, and to perceive a better chance for 6-month survival ($p<.001$). Physicians of these pts also were more optimistic about their survival ($p<.001$). Whereas 74% of "inconsistent" decision makers were pts themselves (vs. surrogate respondents), only 51% of consistent decision makers were pts. The majority of both types of decision makers did not survive six months after study entry. Findings indicate that a subgroup of late stage cancer patients who favor nonaggressive care still prefer specific aggressive treatments. This raises questions about language used, pts' understanding, and the need for adequate communication before implementation of decisions in order to respect patient autonomy.

Predictors of Discharge Placement among Hospitalized Frail Elders

Rungnapa Panitrat, Beverly L. Roberts, Bryan A. Weber, Shirley M. Moore, Robert M. Palmer, Saeid Amini, Marilyn B. Wagner, Case Western Reserve University; 10900 Euclid Ave., Cleveland, OH 44106-4904

Functional decline and chronic conditions complicate discharge planning for frail elders. In a study of exercise, 40 men and 117 women (M=78 years) were discharged to either home or skilled care. Those with a history of rehospitalization ($X^2=5.51$; $p<.01$), physical therapy after discharge (PT), and poorer balance and gait were more likely to be placed into skilled care. The predictors of discharge placement examined were number of medications, physical therapy after discharge (PT), length of stay less than 7 days (LOS), primary diagnosis, rehospitalization history, and comorbidity (Charlson Index); gait and balance (Tinetti gait and balance scale), and muscle strength of the knee (dynomometry), that was measured during hospitalization, were examined to determine if these factors would predict placement. Significant predictors ($X^2=33.29$; $p<.001$) were: PT (Exp (β) 10.97; $p<.05$), and balance (Exp (β) 0.75; $p<.05$). Patients who receive PT after hospital discharge and those with poor balance are at risk for placement into skilled care. Interventions targeted to improve balance such as muscle strengthening exercise may reduce this risk. (R01NR04012)

CORRELATES OF COLORECTAL CANCER SCREENING AMONG MEDICARE BENEFICIARIES

K.K. Engelman, E.F. Ellerbeck, , J.S. Ahluwalia, C. Tian, G.S. Raju, University of Kansas Medical Center, Kansas City, KS 66160.

Medicare began coverage of fecal occult blood testing (FOBT), a clinical procedure to screen for colorectal cancer, on January 1, 1998. The purpose of this study was to examine FOBT use rates among Medicare beneficiaries in Kansas, to determine if FOBT use was related to demographic or geographic variables, and to assess FOBT use rate changes across a two-year span. Statewide FOBT rates for 1998-1999 were determined by retrospective Medicare Part B claims analysis for all Kansas beneficiaries between the ages of 65 and 99 (mean age=75). Of the 358,816 beneficiaries in 1998 and the 360,506 beneficiaries in 1999, 4.70% had received a FOBT in 1998 and 5.15% in 1999. After adjusting for covariates, multivariate logistic regression revealed that having a FOBT was associated with being between the ages of 65-79 (compared to 50-64 and 80-99), being Caucasian, and living in a densely populated county. The general population and almost all subsets (age group, gender, race, and population density) had higher FOBT rates in 1999 compared to 1998. The number of people who were screened steadily increased in 1998 (from 942 in January to 1564 in December, with a mean increase rate of 4.32% per month). Testing was stable in 1999 (M=1,548 per month). Based on a cohort of those who were eligible beneficiaries in both 1998 and 1999 (N=343,152), only 1.5% had an annual test and 69% of those who had a FOBT in 1998 were not screened again in 1999. Although screening for colorectal cancer with FOBT has increased from 1998 to 1999, the overall rates remain extremely low. This may be indicative of the small monetary amount ($3.50) that providers are reimbursed to perform FOBT.

POTENTIALLY INAPPROPRIATE PRESCRIPTIONS AMONG THE COMMUNITY-DWELLING ELDERLY

Chunliu Zhan, J. Sangl, G. Meyer, A. Bierman, S. Wickizer, J. Oh, B. Friedman

Agency for Healthcare Research and Quality, 2101 E. Jefferson St., Rockville, MD 20852

This study examines the prevalence of potentially inappropriate drug prescriptions among the U.S. community-dwelling elderly in 1996 using explicit criteria developed by experts in geriatrics and pharmacology. These criteria identify medications that should be generally avoided because they pose unnecessarily high risks for the elderly. Data are from the 1996 Medical Expenditure Panel Survey. In 1996, 21.8% of community-dwelling elderly used at least one of the 38 drugs identified as inappropriate, with 8.8% using at least one of 17 considered to have severe adverse effects. One-fourth took two or more inappropriate drugs. Major classes of inappropriate drugs are analgesics (21.5%), antihistamine (17.4%), antidepressants (14.7%) and sedatives (8.5%). Males, individuals with poorer health status, and, most significantly, those using a larger number of medications are more likely to have inappropriate drug use. These results are comparable to a prior study using 1987 NMES data where 23.5% of elderly used at least one of 20 drugs identified as inappropriate based on earlier explicit criteria. This study highlights that the high prevalence of inappropriate drug prescribing for community-dwelling elderly continues even as guidelines exist. Recommendations are made for the development of educational policies and system improvements to reduce the prevalence of inappropriate medications among elderly persons residing in the community.

Patterns of use of chemotherapy for breast cancer in older women: findings from Medicare claims data

X.L. Du, PhD, MD, J.S. Goodwin, MD, Department of Internal Medicine, University of Texas Medical Branch, Galveston, TX 77555-0460.

Objectives: There is little information available on the use of chemotherapy in women with breast cancer. This study describes the use of chemotherapy through analysis of Medicare claims, and determines the correlates of chemotherapy use. **Methods:** We used the merged Surveillance, Epidemiology and End Results-Medicare database and identified women diagnosed with breast cancer at age ≥65 years in 1991-92. Chemotherapy was ascertained from Medicare claims through procedure codes for chemotherapy made <24 months after the diagnosis. **Results:** In women with stages I to IV, the percentage receiving chemotherapy <24 months of diagnosis was 4.9%, 19.3%, 34.2% and 34.3%, respectively. Most women receiving chemotherapy had 2 to 12 claims; the median number was 9.

Use of chemotherapy decreased significantly with age across all tumor stages; e.g. in women with stage III cancer, from 49% in those aged 65-69 to 10% in those aged ≥ 80 years. In a multivariate analysis, there was little variation by ethnicity. Chemotherapy use was highest (70%) in women aged 65-69 with node positive and estrogen receptor negative tumors, and low (4%) in those with node negative and estrogen receptor positive tumors. As compared to those without comorbid diseases, patients with comorbidity score of 2 had significantly lower use of chemotherapy. Conclusions: Medicare claims data appear to provide valuable information on the use of chemotherapy for breast cancer in older women. However, external validation of the accuracy and completeness of these data is required before any firm conclusion can be drawn.

COST OF NURSING-BASED CONSTIPATION CARE IN NURSING HOMES

L Frank[1], J Schmier[1], L Kleinman[1], R Siddique[2], A Bhattacharjya[2], M Rothman[2]. [1]MEDTAP International, Inc., 7101 Wisconsin Ave, Ste 600, Bethesda MD 20814; [2]Janssen Research Foundation

Constipation is a common disorder among nursing home residents and affects at least half of all residents. Despite this, the actual costs for constipation care have not been determined in the nursing home setting. We used an observational time and motion design to obtain cost estimates of the burden of constipation care. Residents with chronic constipation from 2 nursing homes were identified and nursing staff performance of all constipation-related tasks were timed (12 hours/resident, N=59, median age = 88 yrs). Tasks observed were constipation evaluation and enema, suppository, dietary supplement, and oral medication administration. Task frequency, medication, and supply data were obtained through 60-day retrospective medical record review. Total annual costs per resident with constipation were calculated using median US wage rate data multiplied by staff time per task, with medication and supply costs added. Total costs were $2253 per resident per year. Administration of oral medications ($1950) and dietary supplements ($225) were the most costly tasks. Each oral medication administration required 4.6 minutes on average and occurred 2.5 times per day per resident. Enema administration required 4.5 minutes and dietary supplement administration required 3.6 minutes per occurrence. Despite the prevalence of constipation in nursing homes, this study is the first empirical examination of the nursing home cost of the disorder. Results indicate that nursing staff and supply costs for constipation care is substantial due largely to multiple oral medication administrations per patient per day.

This research was supported by Janssen Research Foundation.

MEDICATION USE AND HEALTH-RELATED QUALITY OF LIFE (HRQOL) AMONG ELDERLY

Carol H. Gold, K.L. Dominick, F.M. Ahern, D.A. Heller
Department of Biobehavioral Health, Pennsylvania State University, University Park, PA 16802.

With the increase in longevity many elderly are experiencing, it is important to address factors related to health-related quality of life. Medication use is a significant component of the lives of elderly as they deal with chronic health conditions in these extended years. The objective of this study was to examine the relationship between current prescription drug use and responses to a mail survey version of the CDC's Behavioral Risk Factor Surveillance Survey (BRFSS) HRQOL Module. The sample was comprised of 84,065 participants in Pennsylvania's Pharmaceutical Contract for the Elderly (PACE) (mean age=78.7). Controlling for demographics and other prescription medication use, any prescription drug use in each of 10 drug classes predicted self-rated health, number of "not good" physical and mental health days, and number of activity limitation days ($p<.001$). Results of multivariate logistic regression analyses controlling for other medication use indicated that any drug use in each drug category, with the exception of cardiovascular, predicted the need for routine or personal care (O.R.=1.1-2.0, $p<.001$). CNS drugs were the most influential. Significant associations were found between number of medications used and the number of "pain" days, "sad, blue or depressed" days, "worried, tense or anxious" days, and days with not good sleep ($p<.001$). Results will also be presented according to gender differences. These findings indicate the importance of current prescription drug use as a factor in the quality of life of older persons.

Do African American and White Veterans with Chronic Knee and Hip Pain Differ with Respect to Their Knowledge about Joint Replacement Surgery and Its Risks and Benefits?

Christopher J Burant, Said A Ibrahim, Laura A Siminoff, and C. Kent Kwoh. Clev. Dept. Vet. Aff. MC; and Case Western Reserve University, 10701 East Blvd., Cleveland OH, 44106

Previous studies have reported ethnic differences in utilization of joint replacement, with lower rates among African-Americans (AA) as compared to Whites, but the reasons for these differences remain unknown. We examined ethnic differences in 563 older male AA (44%) and White (56%) VA patients with chronic knee and/or hip pain regarding their awareness of joint replacement and its risks and benefits.

AAs were less likely than whites to have heard of JR (adjusted OR = 0.61, 95% CI 0.36 - 1.02 to have known someone who had this surgery (adjusted OR = 0.32, 95% CI 0.21 - 0.49), to have a good understanding of hip/knee replacement surgery (adjusted OR = 0.60, 95% CI 0.41 - 0.88). AAs were more likely to believe that there will be moderate to severe pain post-JR (adjusted OR = 2.32, 95% CI 1.56 – 3.44) and they were also more likely to believe moderate to severe difficulty in walking post-JR (adjusted OR = 2.52, 95% CI 1.69 – 3.77). Odds ratios were adjusted for age, educational level, income, disease severity, health status and other important clinical and psychosocial covariates.

Overall, AAs, as compared to whites, were less likely to be aware of JR as an option for their arthritis as well as have a good understanding of its potential benefits. While AAs are less likely to utilized JR as an option for arthritis, these results suggest that lack of information about the benefits of JR may play a role in the disparities in utilization.

SHIFTING FROM SPECIFIC TREATMENT PREFERENCES TO GOALS OF CARE.

TR Fried, EH Bradley, MA Drickamer, ME Tinetti. VA Connecticut Healthcare System and Yale University School of Medicine. 950 Campbell Avenue. West Haven, CT 06516.

Traditional methods of eliciting preferences for clinical treatment decisions have focused on the therapies themselves. This may not be congruent with patients' formulation of these decisions. The purpose of this study was to create a patient-centered instrument for eliciting treatment preferences.

Focus groups and individual interviews were conducted with 20 patients age ≥ 60 years seriously ill with CHF, COPD, or cancer focusing on treatment decision-making. The new instruments were based on themes found in qualitative analysis. Test-retest reliability was conducted with 20 patients, and internal reliability and validity with 72 patients.

Qualitative analysis revealed that specific treatments mattered little in decision-making, instead the outcomes of treatment (the patient's goals of care) were critically important. Three new instruments capture these goals. Patients are asked to: (1) distribute 10 pennies on the outcomes of survival, comfort, and preservation of activity to indicate their relative importance, (2) rate various health states as an acceptable or unacceptable consequence of treatment, (3) indicate their desire for treatment based on the likelihood of an adverse outcome. These instruments demonstrate excellent test-retest reliability, with kappas of ≥ 0.7 and and intraclass correlations of ≥ 0.6. The instruments are highly correlated with one another.

Outcomes of treatments, rather than the treatments themselves, are important to older persons making treatment decisions. Their preferences for these outcomes, patients' goals for their care, can be rigorously measured with reliability and validity.

Predicting Rehospitalization of Frail Elders

Beverly L. Roberts, Rungnapa Panitrat, Bryan A. Weber, Shirley M. Moore, Robert M. Palmer, Saeid Amini, Marilyn B. Wagner, Case Western Reserve University; 10900 Euclid Ave., Cleveland, OH 44106-4904

Hospitalized frail elders frequently have functional limitations and chronic conditions placing them at risk for early readmission despite discharge planning. Recruited were 21 hospitalized men and 58 hospitalized women (M=78 years), with a medical diagnosis and a dependency in at least 1 activity of daily living. Two men and 8 women (13%), were rehospitalized within 1 month. Twenty percent of those rehospitalized were discharged to a skilled nursing facility while 10% were discharged home. Also, not significantly different between the groups were number of medications, physical therapy after discharge (PT), length of stay less than 5 days (LOS), cardiac diagnosis, comorbidity (Charlson Index), and discharge to skilled care; gait and balance (Tinetti gait and balance scale), and muscle strength of the knee (dynomometry) that were measured during hospitalization. Significant predictors of rehospitalization (X^2=21.35; p<.01) were: LOS (Exp (β) .39; p<.05), PT (Exp (β) 25.59; p<.05), and muscle strength of the knee (Exp (β) .31; p<.05). Interventions targeted to increase muscle strength may decrease rehospitalization while shorter LOS may increase it. (R01NR04012)

DISABILITY ASSOCIATED WITH CO-MORBID OSTEOARTHRITIS (OA) AND HEART DISEASE (HD)

SM Ling, K Bandeen-Roche, MY Fan, JM Bathon, JM Guralnik, LP Fried. The Johns Hopkins Medical Institutions Baltimore MD, National Institute of Aging, Bethesda MD

Co-morbid OA and HD is associated with greater difficulty ambulating than either disease alone. This study tests the hypothesis that co-morbid OA and HD is associated specifically with aerobic rather than biomechanical mobility difficulty, and that potentially modifiable factors mediate this disease-disability association. Cross-sectional merged data of Women's Health and Aging Study participants age 70-79 years and MMSE >23 were analyzed (WHAS I n=318 & WHAS II n=436). Presence of OA (knee/hip) and heart disease (angina/MI/CHF) were defined using validated algorithms. ANOVA was used to compare the groups on strength, pain severity and weight. The odds ratios calculated by logistic regression analysis using no OA or HD as the reference group are shown (*p<.05; **p<.01):

Task difficulty	OA and HD	HD	OA
Aerobic	3.77**	1.99*	0.65
Non-aerobic	1.84	0.61	2.60**
Non-& aerobic	10.88**	3.79**	4.77**

Co-morbid OA & HD was associated with greater odds of non- and aerobic mobility difficulty than with either disease individually. Lower knee extensor strength, higher pain severity and weight were associated with co-morbid OA & HD. Lower knee strength was also associated with greater odds of mobility difficulty. We conclude: 1) OA and HD associate independently with mobility task difficulty; 2) OA and HD act synergistically in affecting aerobic tasks, while OA alone has little effect on aerobic tasks, and HD affects aerobic tasks but not non-aerobic tasks, and 3) strength appears to mediate OA and HD effects on mobility difficulty.

HEALTH AND QUALITY OF LIFE AMONG ELDERLY WOMEN WHO EXPERIENCED EARLY HYSTERECTOMY

D.A. Heller, F.M. Ahern, C.H. Gold, K.L. Dominick
Department of Biobehavioral Health, Pennsylvania State University, University Park, PA 16802.

Loss of estrogen is a recognized risk factor for osteoporosis in women. We examined the prevalence of early hysterectomy (prior to age 45) and self-reported health and quality of life in women enrolled in the Pennsylvania Pharmaceutical Assistance Contract for the Elderly (PACE), a state program providing prescription coverage to income-eligible elderly. A recently-initiated mail survey included questions about age at menopause, hysterectomy, hormone replacement, physical and mental health, and pain. The mean age of respondents was 78 years. Of 3,719 respondents to date (the survey is ongoing), 1,471 (40%) reported that they had had a hysterectomy. Among women who had experienced hysterectomy, 527 (36%) did so before age 45. Of these, only 34% indicated that they had ever received hormone replacement. In regression analyses controlling for age and race, women who experienced early hysterectomy reported significantly poorer present-day physical health (p=0.0361) and significantly greater pain (p=0.0008) relative to other women. In multivariate logistic regression analyses, early hysterectomy was also associated with self-reported osteoporosis (O.R.=1.2, p=0.0663), Parkinson's disease (O.R.=1.9, p=0.0697) and angina (O.R.=1.5, p=0.0001). In this group, hysterectomy may reflect simultaneous oophorectomy, or, alternatively, the indications for hysterectomy may be associated with other systemic conditions. These results suggest that in elderly cohorts a history of early hysterectomy is associated with poorer health late in life.

LENGTH OF DOCTOR-PATIENT RELATIONSHIP AND CARE PRACTICES WITH HOSPITALIZED LATE STAGE CANCER PATIENTS BY ATTENDING SPECIALTY.

J. H. Rose, E. O'Toole, N. V. Dawson, C. Thomas, for the SUPPORT Investigators. School of Medicine, Case Western Reserve University, 12200 Fairhill Road, Cleveland, OH 44120.

Using SUPPORT project data, we examined length of the doctor-patient relationship (LD-PR) assessed in interviews with generalists (N=59) and oncologists (N=38) as attending physicians for a matched sample of cancer patients (pts; N=321 in each physician group). Physician interviews and pt record reviews occurred on the approximate 6th day of hospitalization. A cluster of four "rescue" care interventions (e.g., transfusions) identified by factor analysis were assessed. Nine discussion topics (e.g., resuscitation) formed a scale of in-hospital communication with pts/families about aggressiveness of care. LD-PR was compared for pts seen by each of the two physician groups and was assessed in linear regression models for its association with "rescue" care and/or discussions by generalists vs. oncologists.

LD-PR did not differ by physician group; approximately 42% of pts had known their physician for less than one week; 47% had known their physician for more than a month. Oncologists were more likely to order "rescue" care for pts whom they had known longer (p<.001) and to have documented care discussions (p<.02) with newer pts. In sum, over half of pts were not long known to their attending physician. LD-PR was associated with care practices of oncologists but not of generalists.

CHARACTERISTICS OF COGNITIVELY IMPAIRED OLDER ADULTS –COMPARISON OF SELF- AND PROXY- RESPONDENTS.

A Bommakanty, A.B. Buttar, C.S Blaum University of Michigan and the Veterans Affairs Medical Center 300 North Ingalls Bldg. Ann Arbor, MI 48109

Proxy respondents for sampled persons who cannot complete health interview surveys are important sources of information about the health of older adults. We compared characteristics of people identifiable as cognitively impaired either by their self-responses to questions testing cognitive functioning, or by proxy report, to test the hypothesis that those with proxy respondents would be more disabled and have more diseases than those without. We used secondary data analysis of waves 1 and 2 of the Assets and Health Dynamics among the Oldest Old Survey (AHEAD, total n=8776) to study age eligible (age 70 and older), cognitively impaired respondents (n=2578). Variables analyzed included demographics, disability score (sum of ADL, IADL and physical limitation scores, range 0-15), number of diseases and two-year mortality. When compared to self-respondents, the proxy-demented elderly (n=537) were significantly more likely (p<.001) to be : older (mean age 81 +/0 7 vs. 80 +/-6), non-black (80% vs. 69%), and male (47% vs. 33%). The proxy group had more disability (disability score 8+/-5 vs. 4+-3, p<.001), the same number of chronic diseases, but a significantly higher two-year mortality (30% vs. 15% p<.001). These findings suggest that despite potential reporting differences, elders with cognitive impairment and proxy respondents have worse health than those with cognitive impairment but no proxy respondent. Upward bias is possible if demented people with proxy respondents are excluded from health status analyses.

PREDICTORS OF HEALTH CARE UTILIZATION AMONG OLDER AMERICANS.

TO Obisesan, J Otado, N Umeh, Section of Geriatrics, Howard University, Washington DC 20060 and D Bradham, Geriatrics Division, University of Maryland, Baltimore MD 21201.

Disparity in access to health care is a significant contributor to the substantial differences in the health status of older Americans. Few longitudinal studies have examined the influence of self-perceived health status as a predictor of Doctors' office visits among the elderly.

Objective: To determine whether health status is a predictor of Doctors' office visit in the Longitudinal Study on Aging (LSOA).

Design: Population based longitudinal study of persons aged ≥ 70 years who participated in the LSOA.

Method: After excluding persons with incomplete data on important co-variates, multivariable logistic regression analysis was performed. Separate models were constructed for Blacks and Whites, using SUDAAN to compute standard errors of the estimates because of the complex survey design.

Results: The sample consisted of 6,880 (94.4%) Whites and 560 (7.4%) Blacks; mean age 76.8 ± 5.5 years; mean education 10 ± 3.7 grade; 82% and 17.7% below and above poverty level respectively. Self-reported poor health status compared to excellent health status predicted the use of Doctors' office services among Whites (OR 5.15; 95% CI 3.34-7.95), but not in Blacks (OR 1.6; 95% CI 0.54-4.76).

Conclusion: Self perceived health status predicted the use Doctors' office services among older Whites but not in older Blacks in the LSOA.

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INDIVIDUAL AND SOCIETAL ASPECTS OF SUCCESSFUL AGING.

M.Marin, Univ. of Jyväskyla, Dept. of Social Sciences and Philosophy, POB 35, FIN 40351 Jyväskyla, Finland

Successful aging is a consequence of the interplay between the aging individual and her/his society. Society is not only supporting or hindering individual successful aging: it is also the context of this aging, determining its cultural meaning and societal importance. We can also speak separately of a successfully aging society: it is a society that has no institutional or cultural lags or discrepancies concerning the aging population and its relation to others. Institutional lag and discrepancy is nowadays seen especially in the slow and uncertain reaction to the changing age pyramid (eg in the coverage of old age pensions and old age institutional care) and in the misplacement of elderly people from work and economic life. This means that the social position of the elderly has become obscure, thus decreasing the value of their social capital. The cultural lag and discrepancy means that the elderly are not denoted culturally relevant positions in society, ie their cultural capital is not cherished or denoted. The modern (Western) society that thrives for efficiency and achievement tends to increase these discrepancies. The paper is theoretical but includes a short passage to some empirical findings.

DYNAMICS OF WELL-BEING IN OLD AGE

B. Schiff, Department of Psychology, Wellesley College, Wellesley, MA 02481

This research uses life history interviews with participants from an on-going longitudinal study in order to investigate the dynamics of well being in old age. Subjects were selected on the basis of three measures of subjective well-being (administered to 130 older adults) including satisfaction with life, self-acceptance, and an interview question. The life histories of the ten highest and ten lowest participants on these three measures were carefully read and interpreted. Life histories were interpreted for the warmth of relationships, the sense of making a positive contribution to life, and interpretations of past experience. Common trends were found, such as an association between the pride in making a contribution to the world with life satisfaction, but also significant differences were revealed. For example, finding a new love relationship after the death of a spouse fostered a new sense of acceptance and joy in the life of one interviewee. Another interviewee, despite substantial accomplishments helping others, found little satisfaction with a life in which he was discriminated against for his life style. This research argues for the inclusion of multiple perspectives, including narrative analysis, in order to understand development in old age.

THE EMPIRICAL TESTING OF A CULTURALLY-RELEVANT THEORETICAL FRAMEWORK FOR THE STUDY OF SUCCESSFUL AGING

By: Sandra Torres, Doctoral Fellow, Department of Sociolgy, Uppsala University, Sweden

Background: The field of cross-cultural gerontology has been deemed to be atheoretical by virtue of its failure to generate theoretical frameworks of its own. This shortcoming has partly been the result of this field's persistance to focus on culture-specificity as opposed to cultural- relevance. Thus, although research has shown that culture shapes the manner in which gerontological concepts are understood as well as the way in which the aging process is experienced, we have yet to understand how this is in fact the case. In order to contribute to the rectification of cross-cultural gerontology, a culturally-relevant theoretical framework for the study of understandings of successful aging (SA) has been proposed on the basis of Kluckhohn's theory of cultural variation. This framework assumes that value orientations concerning human nature, man-nature, time, activity and relationships shape the manner in which successful aging is understood.
Aim: The aim of this study is the empirical testing of this framework.
Methods: An adaptation of the anthropological instrument that Kluckhohn designed to tap into value orientations has been conducted. This adaptation entails the design of new vignettes in order to operationalize the understandings of SA that are assumed to follow from these value orientations. This vignettes-based instrument have then used duringthe interviews that have been conducted.
Results: The results confirm the hypothesis; they attest to congruence between value orientations and understandings of SA. They therefore pave the way for a theoretically sound approach to the study of individual, generational as well as cross-cultural understandings of SA. In addition, a variety of understandings of SA were found. This variety suggests that there are other ways of understanding the construct in question besides the master nature, future, productivity and individuality oriented ones that characterize the gerontological literature.

THE ROLE OF SELF-ENHANCING EVALUATIONS IN A SUCCESSFUL LIFE TRANSITION

C. M. L. Kwan, G. D. Love, C. D. Ryff, Department of Psychology, 1202 West Johnson St., Madison, WI 53706

The objective of the study was to investigate how self-enhancing evaluations, via positive social comparisons and reflected appraisals, influence mental health in a later life transition, community relocation. The sample consisted of 290 women who were interviewed prior to relocation and three times thereafter. Results extended prior findings showing the impact of self-enhancing evaluative processes on psychological well-being. Hierarchical regression analyses revealed that the benefits of self-enhancing evaluations on multiple dimensions of well-being persisted for almost two years post-relocation, well past the initial period of adaptation to new environments. This study underscores the significance of possessing a positive view of self vis-à-vis others in successful negotiation of life challenges. In addition, it highlights the importance of exploring resilience in life transitions in a *process* framework that captures self-enhancing evaluations *during* the transition itself and its influence on *changes* in well-being from the pre-transition period.

SIMILARITIES AND DIFFERENCES BETWEEN SUBJECTIVE WELL-BEING AND ATTITUDES TOWARD DEATH IN OLD AGE

M. Ardelt, Department of Sociology, P.O. Box 117330, University of Florida, Gainesville, FL 32611-7330.

Paradoxically, older people who are satisfied and content with their lives also seem to be most ready to let go. Others hang on to life in spite of physical and emotional suffering. This study tests three hypotheses: (1) subjective well-being in old age (general well-being, absence of depression, and purpose in life) is positively related to positive attitudes toward death (no fear and avoidance of death, death as the entrance to a better life); (2) objective life conditions (health, age, finances, socioeconomic status, and social involvement) are significantly related to subjective well-being *but not* to positive attitudes toward death; and (3) wisdom, religiosity, and relationship quality are significantly related to subjective well-being *and* to positive attitudes toward death. Using a sample of 99 community dwelling older adults (65+), the analyses generally support the hypotheses. (1) General well-being and purpose in life are negatively correlated to fear of death and death avoidance. (2) Multivariate OLS regression analyses show that, on average, objective life conditions explain 34% of the variation in subjective well-being but only 22% of the variation in attitudes toward death. After controlling for wisdom, religiosity, and relationship quality, adding objective life conditions to the model significantly increases R^2 for subjective well-being and death avoidance *but not* for fear of death and approach acceptance of death. (3) Wisdom, religiosity, and relationship quality explain, on average, 35% and 38% of the variation in subjective well-being and in attitudes toward death, respectively. After controlling for objective life conditions, including wisdom, religiosity, and relationship quality into the model significantly increases R^2 for subjective well-being *and* positive attitudes toward death. Surprisingly, religiosity tends to *increase* fear of death and death avoidance.

MEMENTO MORI: THE DARK SIDE OF AGING?

J.J.F. Schroots, ERGO/Free University Amsterdam,
De Boelelaan 1109, 1081 HV Amsterdam, The Netherlands.

The purpose of this paper is to review the simultaneous positive and negative aspects of aging and to relate them to contemporary empirical research. The recent emphasis on successful aging makes us forget that we are born as mortal beings; that is, from the moment of conception we are living in the face of death. *Memento mori*: there are at least two reasons for remembering that one must die. The traditional answer relates to the dark side of aging and the distinction between good and evil, as symbolized in the Tree of Knowledge, which in an earlier version of the paradise story is the Tree of Death. The dark side is illustrated in Gompertz' Law of Mortality and Heidegger's Sein zum Tode. Denial or neglect of our intrinsic mortality makes us defenseless against disease, dysfunction and the forces of evil. Fortunately, the Tree of Death has also a light side, as expressed in the full name of the later version, the Tree of Knowledge of Good and Evil. Freud recognized the creative aspects of aging in his death instinct theory and Prigogine postulated that order can be created out of disorder through a process of self-organization. In remembering that one must die, the dark and light side of aging are balanced. The argument will be illustrated with examples from the Life-line Interview Method.

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SELF-RATED HEALTH AND MORTALITY: GENDER DIFFERENCES FROM A EUROPEAN PERSPECTIVE

P.A. Bath Sheffield Institute for Studies on Ageing (SISA), University of Sheffield, Community Sciences Centre, Northern General Hospital, Sheffield S5 7AU UK.
D.J.H. Deeg Department of Psychiatry and Institute for Research in Extramural Medicine, Vrije Universiteit, Amsterdam, The Netherlands.

PARTICIPANTS:

P.A. Bath (University of Sheffield, Sheffield UK). Differential explanatory factors in the self-rated health-mortality relationship between men and women.

Y. Benyamini[1], T. Blumstein[2], A. Lusky[2], & B. Modan[2] ([1]Bob Shapell School of Social Work Tel-Aviv University, Tel-Aviv, Israel; [2]Dept. of Clinical Epidemiology Chaim Sheba Medical Center, Tel-Hashomer, Israel). Self-rated health as a predictor of mortality among elderly Israeli women and men.

N. Spiers & C. Jagger (Department of Epidemiology and Public Health, University of Leicester, Leicester UK). Gender and cohort differences in the self-rated health mortality relationship in a UK population of people aged 75 and over.

D.J.H. Deeg & D.M.W. Kriegsman (Vrije Universiteit, Amsterdam, The Netherlands). Concepts of self-rated health specifying the gender difference in mortality.

M. Borchelt & E. Steinhagen-Thiessen (Geriatrics Research Group, Charité, Humboldt-University, Berlin, Germany). Self-rated health changes and gender-differential in mortality: The Berlin Aging Study (BASE).

DISCUSSANT:

E.L. Idler (Department of Sociology, Rutgers, The State University of New Jersey, USA).

Numerous longitudinal studies have demonstrated the effectiveness of self-rated health (SRH) as a predictor of mortality and other health outcomes in older people. However, evidence is emerging of differences between the sexes in the SRH-mortality relationship, when adjusting for demographic, health and other variables. The symposium will outline this evidence and present work from several European studies that have investigated these relationships. Evidence of different factors explaining the self-rated health-mortality relationship in men and women will be presented. Gender differences in the ability of SRH to predict mortality over time and across birth cohorts will be examined. The importance of different concepts of self-rated health and their effects on the male-female differential in predicting mortality will be described. The effects of longitudinal decline in self-rated health and self-assessed decline in health on mortality in men and women will be investigated. The importance of gender differences in the SRH-mortality relationship will be summarised and discussed.

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INTERVENTION RESEARCH AND NEW PRODUCT DEVELOPMENT: DESIGN AND BAHAVIORAL CHANGE

H. Sterns, Department of Psychology and Institute for Life-Span Development and Gerontology, The University of Akron, Office of Geriatric Medicine & Gerontology, Northeastern Ohio Universities College of Medicine, Akron, OH 44325-4307)

V. Antenucci, A. Sterns, R. Sterns, (Creative Action Inc., Akron, OH 44303); C. Camp, (Myers Research Institute, Beachwood, OH 44122) The Interprecare System, ™: Creating A Bi-Lingual Environment In Long-Term Care Settings

R. Sterns, H. Sterns, A. Sterns, C. Nelson, , (Creative Action Inc, Akron, OH 44303) C. Czaja, University of Miami, Miami, FL 33124) The Easy Wheeler, ™: Improved Functioning In Task Completion

M. Bourgeois, K. Dijkstra, Florida State University, L. Burgio, and R. Allen-Burge, (The Florida State University, Tallahassee, FL 32306-1200) Come Talk with Me: Improving Conversations Between Residents With Dementia And Their Nursing Aides University of Alabama at Tuscaloosa.

DISCUSSANTS:

J. Kaplan (Institute for Life-Span Development and Gerontology, The University of Akron, Akron, OH 44325-4307)

This symposium will focus on research in applied gerontology. Two Phase II Small Business Innovation research grants funded by the National Institute on Aging will be presented. Both of these projects have involved new product design, field testing and evaluation. The Interprecare System,™ is used to create bi-lingual language environments for individuals with Alzheimer's disease. The Easy Wheeler ™ is a device to facilitate lifting and carrying in the home environment. The third presentation focuses on memory intervention for residents in long-term care. The three presentations all focus on intervention approaches that involve both product design and/or behavioral change approaches.

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TRAJECTORIES OF WOMEN'S INCOME SECURITY IN OLD AGE

Andrea Willson
Department of Sociology and Pepper Institute on Aging
Florida State University, Tallahassee, FL 32306-1121

While the elderly poverty rate is now below that of the population as a whole, pockets of poverty among subgroups of the elderly persist, and women and minorities are at substantial risk of falling into poverty as they age. Older women are among the most disadvantaged of the elderly groups, particularly African American women, who have the highest prevalence of old age poverty. But knowing that women are more likely to be poor in old age does not tell us enough. As a policy issue, it is important to know why some women experience income security in later life and others do not. Is economic insecurity in old age a continuation of earlier life situations or the result of some negative event in later life, such as divorce, disability, or widowhood? Why are some women more vulnerable to these events than others?

In this research I use longitudinal data and multi-level modeling techniques to test three theories of inequality in later life by examining the trajectories of income security of a cohort of women as they age. The National Longitudinal Surveys, Mature Women cohort provides 30 years of data on a nationally representative cohort of women transitioning into old age. I investigate the determinants of income security, how they differ among subgroups of women, and the extent to which individual's trajectories of income security do or do not maintain their positions relative to one another as they enter old age. Results indicate that African American women are less financially secure throughout the life course than White women, regardless of their work and marital histories, and that current theories of inequality in old age are not adequate to explain women's experiences.

INCOME INEQUALITY AMONG WIDOWS IN U.S., U.K. AND GERMANY: DOES THE PRIVATE-PUBLIC MIX MAKE A DIFFERENCE?

K. C. Holden, La Follette Institute of Public Affairs, 1225 Observatory Dr., Madison, WI 53706; M. Kim, School of Social Work, Univ. of Wisconsin-Madison.

Widowhood on average exacts an economic toll. Studies, including those by Holden and others, show that on average the income of the widowed households falls by far more than does consumption needs of the household. Means tell an incomplete story. No widow may have the mean experience. For public policy it is the distribution of income changes that matters.

The data come from the Luxembourg Income Study. We first compare measures of income inequality during the 1990s between aged widow(er)s and comparably age (adjusted) couples. We look at the contribution of major income sources to inequality. We ask how each source of income (e.g., factor income, public insurance, private pensions, public means-tested transfers) contributes to the resulting inequality. Comparison with like-aged couples suggests the relative importance of each nation's support systems in easing inequality for widows and changes overtime in the importance of each income source.

The second part of this study uses longitudinal data to chart the consequences as women are widowed. In all three countries public insurance schemes enhance income equality both as women become widowed and relative to their married peers. Somewhat surprisingly, however, are the results that private pensions contribute to income equality prior to widowhood but increase inequality after. Hence, one source of the large income inequality among widows in the U.S. compared to other countries is the greater relative importance of private transfers for U.S. widows and their income unequalizing effects.

Prescription Drug Costs and Out-of-pocket Prescription Cost Burden Among the Elderly

Usha Sambamoorthi, Stephen Crystal, Rizie Kumar
Institute for Health, Health Care Policy and Aging Research, Rutgers University, 30 College Ave, New Brunswick, NJ 08901.

Paying for prescription drugs is a major problem for the U.S. elderly population, particularly those who are the most vulnerable in terms of economic and health status. Along with long-term care, prescription drugs represent the most conspicuous gap in Medicare coverage. Because of rising drug prices and utilization patterns, changes in insurance coverage, the growth of Medicare HMOs, and other developments, there is a critical need for new analyses of coverage and expenditure patterns of pharmaceuticals by the elderly. In this paper, we develop estimates of total and out-of-pocket expenditures for prescription drugs (OOP-PD) and OOP-PD burden across major subgroups of the elderly, defined by gender, race, age, functional impairment, health status, presence of chronic conditions, income, type of insurance coverage, and other characteristics. Data are from the 1996 Medicare Current Beneficiary Survey (MCBS), a nationally representative data on the U.S. elderly Medicare beneficiaries. Respondents during in-depth interviews provided information on filled prescriptions and costs at four-month intervals. To ensure accuracy respondents were asked to bring and review pill bottles and other medication containers. Bivariate and multivariate analyses were conducted in SUDAAN to control for the complex sampling design. We found that out-of-pocket pharmacy expenditures averaged $306 in 1996, representing about half of total pharmacy expenditures. Cost burden was higher for women, racial minorities, those in the lowest income quintile (despite Medicaid coverage for some), those with multiple medical conditions, and those who self-reported poor health.

AGING POPULATIONS AND THE PRIVATIZATION OF HEALTH CARE

Brian Gran, University of Kentucky, Department of Sociology and Center for Health Services Management and Research, Lexington, KY 40506-0027

This research examines the influence of demographic change on health-care finance across advanced, industrial democracies, specifically the impact of aging populations on cutbacks to public health-care expenditures and growth of private health-care expenditure. Responding to concerns about aging populations and the perceived need for containing and reducing costs, over the last two decades many countries have attempted to shift provision of health care from the public sector to the private sector. This research evaluates the impact of demographic composition on this public-to-private shift. In particular, this project considers the influence of changes in older population size, dependency ratios, and immigration on health-care expenditure for western democracies. It then compares the importance of demographic change to economic internationalization, political party strength, and the role of socio-political institutions for the public-to-private shift in health-care finance.

DOES DEMOGRAPHY DETERMINE THE DOW'S DESTINY?

Greg O'Neill, National Academy on an Aging Society, 1030 15th Street, N.W., Suite 250, Washington, DC 20005
Scott Lynch, Scott Brown, Center for Demographic Studies, Duke University, Durham, NC 27708

This paper examines the relationship between the age distribution of the US population –modeled as the ratio of savers (US population age 35 to 64) to borrowers (US population age 15-34, 65+)—and the closing value of the Dow and S&P 500 indexes from 1946 to 1999.

We use a frequency domain time series model estimated via Bayesian methods to determine whether the savers/borrowers ratio matches the Dow and S&P 500 indexes, after detrending the exponential pattern of growth in these stock market indexes over time. The long-term Dow and S&P indexes have experienced exponential growth, but we find that deviations from this increase match the change in the savers/borrowers ratio. Specifically, starting in 1946, as the savers/borrowers ratio rose the Dow and S&P rose. In the 1960s, however, as the savers/borrowers ratio began to fall, the Dow and S&P stagnated. In the mid-1980s, as the savers/borrowers ratio began to rise again, so did the Dow and the S&P –and at a comparable rate (after scaling).

THE BRITISH DEBATE ON AGE DISCRIMINATION

J. Macnicol, Department of Social and Political Science, Royal Holloway, University of London, Egham, Surrey TW20 0EX, UK

The last ten years have witnessed a growing debate on age discrimination in Britain, against a background of falling economic activity rates among men aged over 50. A variety of policy proposals have been suggested by bodies such as the Employers Forum on Age and Age Concern, ranging from anti-discrimination legislation to codes of good employment practice. The Labour Government has rejected anti-discrimination legislation in favour of a code, backed up by measures to change public opinion.

This paper will explore some of the dilemmas and contradictions of the current British debate, in which the complexities of age discrimination are beginning to be appreciated. The 'social justice' case (protecting the rights of older workers) will be contrasted with the economic and labour market imperatives that relate to the Government's wider macro-economic strategy. The likely success of current policy proposals will be evaluated.

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INNOVATIVE METHODOLOGIES FROM THE REACH PROJECT: LESSONS LEARNED, TASKS AHEAD. Diane Mahoney Research and Training Institute, Hebrew Rehabilitation Center for Aged, Boston, MA, 02131 M. Ory National Institute on Aging, co-organizer.

PARTICIPANTS:

B.Tarlow (Hebrew Rehabilitation Center for Aged) Developing a Positive Aspects of Caregiving Measure

S. Czaja, C.C. Lee (U. of Miami School of Medicine) Integrating complex psycho-social interventions: application of the Analytic Hierarchy.

B. Harrow (New England Research Institutes, Watertown) Measuring the cost of community based care for Alzheimer's family caregivers.

S. Belle, (U. of Pittsburgh) Integrating the results for cross-site analyses: analytical strategies and results.

DISCUSSANT: C. Beck (U. of Arkansas Medical Center)

The Resources for Enhancing Alzheimer's Caregiver Health Project is supported by the National Institute on Aging and the National Institute of Nursing Research to examine the effectiveness of social, behavioral, and technological interventions for AD caregiving in six sites with a combined enrollment of 1200 family caregivers. One major goal of the REACH project was to develop standardized measurement tools for characterizing the caregiving experience. This provided us with a unique opportunity to develop a measure aimed at capturing the cost of community-based family caregiving for care recipients across ethnically and geographically diverse population. In addition, the investigators found that while the literature is replete with tools to capture caregiver burdens, there are a paucity of psychometrically valid tools that enable caregivers to describe perceived benefits of caregiving. Thus, we developed a positive aspect of caregiving measure to address the void. Another major goal of the project was the development of an analytic strategy to enable cross-site comparisons. An innovative methodological approach was developed encompassing the formulation of a broad conceptual framework, identification of common intervention metrics and modeling the relationships between intervention attributes, delivery methods, and outcomes. This symposium will first present two of the measures developed for this project followed by a presentation of the conceptual framework and how it was metricized. Results will be then presented using simulated data for the two measures and attributes derived from the conceptual framework with the values obtained though the analytic hierarchy process.

Research supported by Grants: NR13269, AG13313, AG13297, AG13289, AG13265, AG13255, AG13305

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FUNCTIONAL DECLINE AND THE AMERICAN FAMILY IN LATER LIFE.

A.M. Pienta, Institute on Aging, Department of Health Policy & Epidemiology, University of Florida, PO Box 100177, Health Science Center, Gainesville, FL 32610.

PARTICIPANTS:

B.A. Zsembik & C. Schmitt, (Department of Sociology, University of Florida, Gainesville, FL 32611) Disability among Married Couple Households.

A.M. Pienta, (Institute on Aging, University of Florida) Living Outside of Marriage in Later Life and the Onset of Cause-Specific Disabilities.

K.R. Jenkins, (Institute of Gerontology, Wayne State University, Detroit, MI 48202) Body Weight and Physical Function among Retirement-Aged Families.

T. Koropeckyj-Cox, (Department of Sociology, University of Florida, Gainesville, FL and Population and Family Health, Johns Hopkins School of Public Health) When it Matters: Declining Health and Caregiving in the Lives of Childless Elders.

N.R. Chumbler & J.W. Dwyer, (North Florida/South Georgia VA/University of Florida, Gainesville, FL 32610) The Psychological Consequences of Parent Care among the Near Elderly.

DISCUSSANT:

M.D. Hayward (Population Research Institute, Department of Sociology, The Pennsylvania State University, University Park, PA 16802).

American families have become more diverse which may have untold consequences for physical and psychological well-being of older adults. Major trends in family life include higher rates of divorce and cohabitation, smaller family size, and increased rates of childlessness. The research literature is burgeoning with evidence about how these trends affect the younger adult generation who cares for the elderly. Less is known about how these trends impact the physical and psychological functioning of the "new" elderly, who are themselves more likely than ever before to be divorced (or remarried), cohabiting or childless.

Three contemporary data sets (quantitative & qualitative), are used to illustrate how these major trends in family life are affecting physical and psychological functioning in later life. Data are analyzed from the Assets and Health Dynamics among the Oldest Old (Zsembik & Schmitt), the Health and Retirement Survey (Pienta, Jenkins, and Chumbler & Dwyer), and in-depth interviews with 100 elders in Philadelphia (Koropeckyj-Cox). Symposium will describe the varied family circumstances of older adults having an impact on physical and psychological functioning in later life.

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PREPARING FUTURE GERONTOLOGISTS: FIELD-BASED EDUCATION.

D. Bradley & D. Shenk, University of North Carolina at Charlotte, 9201 University City Boulevard, Charlotte, NC 28223.

PARTICIPANTS:

W. Arnold (Arizona State University, Tempe, AZ 85287) Service Learning as Field-Based Learning.

B. J. Fisher (Southwest Missouri State University, 901 S. National Ave, Springfield, MO 65804) The Practicum Placement as a Means to Sensitize Students to the Consumer's and Provider's Point of View.

J. Euster (University of South Carolina, Columbia, SC 29208) Innovative Field-Based Experiences in Gerontology: Multidisciplinary Learning Opportunities.

K. S. Elliott (Minnesota State University, Mankato, 358 Trafton Science Center N, Mankato, MN 56001) Challenges in Providing a Range of Internship Alternatives: The Case of the Area Agency on Aging.

L. Nahemow (University of Connecticut, 348 Mansfield Road, U-58, Storrs, CT 06269) The Role of Field-Based Experiences in Preparing Students for Life Outside of the Classroom

There are many formats for engaging students at all educational levels in learning more about older adults. These include, but are not limited to, practicums, internships, directed research, shadowing, or service-learning activities. Whatever the format, the difficulties of insuring that learning objectives are met when students are working primarily in a nonacademic environment can be a difficult path to navigate. This session explores placing students in field-based learning situations. Issues include creating a range of sites, student placements, supervision, evaluation, and balancing site and faculty expectations.

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DIMENSIONS OF DEMENTIA CARE: AN INTERDISCIPLINARY APPROACH.

Leela R.Bolla M.D., Cleveland Clinic Florida Naples.6101 Pine Ridge Road.Naples Florida 34119.

Participants:

Leela R. Bolla M.D. Differential Diagnosis of Dementia: Consensus Criteria of Major Dementing Illnesses.

D.Geldmacher M.D., Associate Professor of Neurology.CaseWesternUniversity.Cleveland.Ohio.44106.Current and Future Pharmacotherapeutic Approaches in Dementia.

Stephen.G.Post, Professor OF Biomedical Ethics.Case Western Reserve Univ.Cleveland, Ohio.Ethics of Caring for the Person with Dementia: The Patient's Perspective.

Judge Marshall B.Kapp JD Geriatric Medicine, Wright State University,P.O. Box 927,Dayton.OH.45401-0927.Legal Advice For Patients, Families and Health Care Providers.

Katie Maslow M.S.W. Associate Director Alzheimer's Association, Director Initiative on Alzheimer's and Managed Care. Washington, D.C.20004. Burden and Cost of Dementia: Impacts of Family Caregivers and Public Programs.

Dementia is a complex and common affliction in the elderly. There are four main types of clinically distinguishable dementia's; Alzheimer's Disease, Vascular Dementia, Lewy Body Dementia and Fronto-Temporal Dementia. Recognizing these dementia's as separate entities facilitates accurate treatment choices, prognostication and future planning for patients and families. Specific dementias require specific treatment modalities. This raises ethical and legal challenges when decisions are made on behalf of patients who can no longer participate in the decision making process. Families and health care providers then share this burden. In the era of diminishing health care dollars and increasing discussions of allocation of resources the care of the person with dementia raises philosophical concerns. In this symposium a panel of experts including a Geriatrician, Behavior Neurologist, Ethicist, Judge and Medical Social Worker will present comprehensive analysis of the a dimensions of care a person with dementia requires.

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AN EXAMINATION OF COPING STYLES AND LIFE SATISFACTION OF MIDLIFE CANCER SURVIVORS USING THE MIDUS DATASET

T.O. Blank, C.D. Stelle, K.M. Bellizzi, School of Family Studies, University of Connecticut, Storrs, CT 06269-2058.

The purpose of this study was to examine the effects of active and non-active adaptive coping styles on the reported life satisfaction of cancer survivors using a sub-sample of The

National Survey of Midlife Development in the United States (MIDUS). The sub-sample of cancer survivors consisted of 119 males and 168 females ranging in age from 26-74 (M=56, SD=12.58). The present analysis uses empirically and theoretically based constructs (COPE Scale) to examine their effects on life satisfaction. Coping tendencies included active coping (AC), planning (P), seeking instrumental social support (ISS), seeking emotional social support (ESS), suppression of competing activities (SUP), religion (R), positive reinterpretation and growth (GR), acceptance (AC), and behavioral disengagement (BD). The above variables were then collapsed into active adaptive (AC, P, SUP, GR) and non-active adaptive (ISS, ESS, R) coping categories using Carver's model. ANOVA and post hoc tests indicate that active adaptive coping is significantly related to the degree that cancer survivors are satisfied with their present life, ($\underline{F}$=4.23, $\underline{p}$=.003); feelings of control over their life, ($\underline{F}$=3.36, $\underline{p}$=.011); and thought and effort put into their life, $\underline{F}$=2.48, $\underline{p}$=.013). In addition, females have significantly higher non-active adaptation scores than males ($\underline{F}$=9.10, $\underline{p}$=.003). This study shows the potential to increase levels of life satisfaction of cancer survivors, and perhaps a wider aging population dealing with major health issues by educating them regarding active adaptive coping techniques.

HOPE,OPTIMISM, RELIGIOSITY, AND MENTAL OUTCOMES OF THE ADULT CANCER PATIENT

B.N. Singlevich, T. O. Blank, School of Family Studies, University of Connecticut, Storrs CT 06269-2058

Tremendous psychological adjustments face adults who deal with the diagnosis, prognosis, and treatment of cancer. The purpose of this study was to explore the relationships among optimism, hope, religiosity, and mental adjustment to cancer. Questionnaires, including published scales on hope, optimism, religiosity, control, and adjustment to cancer, were completed by 115 men and women, aged 50-91, diagnosed with various types of cancers (excluding skin cancer) in 1998, chosen through the Connecticut Tumor Registry.

Respondents high in hope and optimism perceived they had fewer constraints and were more likely to have less anxious preoccupation and feel helpless and hopeless. Although there were few age differences, those over age 65 reported more perceived constraints. Females were higher on measures of religiosity, spirituality, and positive religious coping, but did not differ from males on hope, optimism, or adjustment to cancer. T-tests showed that those high in self-reported religiosity or religious activity were higher on agency, hope, optimism, and positive religious coping. Using a step-wise multiple regression, positive religious coping was found to be the best predictor of fighting spirit, r=.441, but was not related to hope or optimism. Implications for practice and areas of future research will also be addressed.

OLDER WOMEN WITH BREAST CANCER: SUPPORT NEEDS AND PSYCHOSOCIAL OUTCOMES

J.S. Reynolds, Institute on Aging, Portland State University, P.O. Box 751, Portland, OR 97207

Most women survive early stage breast cancer, so understanding their psychosocial adjustment to the disease is important. Social support from a close personal contact is known to be beneficial during the period of diagnosis and treatment. But anecdote suggests that support continues to be needed following the completion of treatment. Older women, even more than younger women, may need this continued support.

Eighty-one women (ages 36 to 85) who had completed treatment for breast cancer answered a mailed questionnaire on social support, which included measures of mood (Profile of Mood States) and function (Cancer Rehabilitation Evaluation System). T-tests of the difference between the older (over age 60; n = 21) and younger (under age 60; n = 60) women show that older women were more distressed (CARES; $\underline{t}$ = 2.468, $\underline{p}$ = .016), had more depressed and anxious mood (POMS; $\underline{t}$ = 3.224, $\underline{p}$ = .002), and were less satisfied with the social support they received from their partners ($\underline{t}$ = 2.460, $\underline{p}$ = .016) than the younger women in the sample.

PSYCHOSOCIAL AND CULTURAL FACTORS THAT IMPACT OLDER RURAL WOMEN'S BREAST CANCER SCREENING INTENTIONS

Mary Altpeter and James Mitchell, UNC Institute on Aging, 720 Airport Road, CB #1030, UNC-CH, Chapel Hill, NC 27599-1030

The effects of psychosocial factors and cultural beliefs on the breast cancer screening intentions of older rural asymptomatic women are not clearly understood. In-home interviews with a random sample of 1,046 rural women aged 18 to 99 years were used to identify these factors while controlling for sociodemographic characteristics. Women cited four main intentions if a breast lump were found: see a doctor, get a mammogram, watch the lump, or pray. Findings suggest that women may carry out several intentions simultaneously.The impact of psychosocial factors and cultural beliefs on these screening intentions varied by race and age. Physician discussion and women's knowledge of breast cancer and its risks were significant predictors of intentions, but primarily of younger women. Race and religious views constituted cultural factors that also had an effect upon intentions, particularly among older women. Specifically, older African American women are significantly more likely to incorporate faith within their views of the efficacy of breast cancer treatment and their compliance with medical screening and treatment protocols. The need for more precise measurement methods and the implications for health promotion interventions will be discussed.

CANCER STAGE, OTHER SYMPTOMS, AND FATIGUE AMONG ELDERLY, NEWLY DIAGNOSED CANCER PATIENTS

S.L. Kozachik, C.W. Given, B.A. Given, F. Azzouz
Colleges of Nursing and Human Medicine, and the Cancer Center, Michigan State University, East Lansing, MI 48824

Fatigue is one of the most prevalent and distressing of all cancer and treatment related side effects. The purposes of this study were: 1) To compare incidence rates and severity levels of fatigue among cases with early versus late staged disease, and 2) to determine if the reported severity level of fatigue has a mediating or moderating effect, with respect to stage of disease (early versus late) on the reporting of other cancer and treatment related side effects. These hypotheses will be tested on a sample of over 800 persons aged 65 years or older and newly diagnosed with breast, colon, lung, or prostate cancer. Analyses indicate that late staged disease is related to increased incidence of fatigue. However, among patients reporting fatigue, the mean severity level is higher for persons with late staged disease versus early staged, and increased levels of severity are related to the number of other side effects that patients report.

COMPARISON OF QUALITY OF LIFE MEASURES AMONG OLDER CANCER PATIENTS

C.W. Given[•], B.A. Given[τ], and F. Azzouz[λ]
[•]Department of Family Practice,[τ]College of Nursing, [λ]The Cancer Center
Michigan State University
East Lansing, Michigan 48824

The goal of this research is predict the correspondence and discrepancy between two dimensions of Quality of Life; physical function, and general health. A third dimension of Quality of Life, mental health, along with age comorbidity, site and stage of cancer and treatments are entered into a series of General Estimating Equations, to predict consistency and discrepancy scores based on quartiles. This model is tested on 820 patients 65 years of age or older during the year of diagnosis for either breast colon lung or prostate cancer. Low mental health scores were related to discrepancies where scores on physical function were one quartile higher than general health as measured by the SF-36.Consistently low scores over the year are related to comorbidity while mental health has an ever greater role in explaining discrepancies between high quartile physical function and low quartile general health. In general, over the 4 observations during the year, discrepancies favoring physical function over general health were associated with lower mental health. Discrepancies where general health was at least a quartile higher than physical health was related to treatment and numbers of comorbid conditions. These data indicate how mental, general, and physical health are related to one another and what explains consistencies and discrepancies in Quality of Life.

IDENTITY AMONG OLDER ADULT LONG-TERM SURVIVORS OF CANCER: THE DUAL LEGACY

G. Deimling, Case Western Reserve U., Cleveland, OH 44106; B. Kahana, Cleveland State U.; K. Bowman, M. Schaefer, Case Western Reserve U.

As more adults survive cancer, the need for research on older adult, long-term survivors dealing with this illness and its treatment increases. Cancer represents a threat to the sense of self and may impact identity. Even though long-term survival is now more common, the stigma of this illness persists. This research utilizes quantitative and qualitative data from an NCI-funded study of 120 breast, colorectal and prostate cancer survivors, focusing on identity and identity-relevant variables such as survivorship, self-esteem, and traditional psychosocial outcomes. In our sample, most individuals identify themselves as "survivors" and indicate this is an important part of their identities, but also say that cancer has not changed the persons they are. They also show high levels of self-esteem and low levels of anxiety and depression. However, nearly one-half still see themselves as cancer victims, are reluctant to tell others that they had cancer, and one-third indicate that cancer has changed the way they relate to others. Further, one-half indicate that they become anxious when talking with others who have cancer. This dual legacy, racial and gender differences and implications for health and social service clinicians working with long-term survivors are discussed.

POST TRAUMATIC STRESS REACTIONS AMONG ELDERLY LONG-TERM CANCER SURVIVORS

Boaz Kahana, Department of Psychology, Cleveland State University; Gary Deimling, Department of Sociology, Case Western Reserve University; Karen Bowman, Department of Sociology, Case Western Reserve University.

Focus on elderly survivors of extreme trauma is a recent area of inquiry. Research has demonstrated that survivors of diverse traumas experience symptoms of Post Traumatic Stress Disorder (PTSD) even many years after the occurrence of the original trauma (Kahana, Kahana & Harel, 1998). Whereas the actual recurrence of the trauma is not a realistic threat for many traumatized populations, cancer survivors continue to live with prospects of recurrence. Threats of physical illness and frailty may loom large, particularly for aging survivors.

This research investigated reports of PTSD symptoms among 120 elderly, long-term cancer survivors (mean age 72.8, SD 7.4; male=37.5%, female=62.5%). Frequencies of symptom reports on a 17-item PTSD checklist (Weathers, Litz, Huska & Keane, 1994) reveals that the vast majority of this elderly population has recovered from the cancer trauma and does not exhibit severe symptoms of PTSD. However, a notable minority (ranging from 8% to 26%) continue to report mild or moderate symptom distress. Among PTSD symptoms, intrusiveness and numbing appear least frequent whereas hypervigilance is most common, i.e., 20.2% report mild to moderate superalertness and 8.4% report extreme superalertness. These data suggest that PTSD symptoms occur in the long-term aftermath of the cancer experience, although they do not overwhelm elderly survivors.

HEALTH PERCEPTIONS AMONG OLDER ADULT LONG-TERM CANCER SURVIVORS: SOME DIFFERENCES BY RACE

M. Schaefer, Case Western Reserve U., Cleveland, OH 44106; G. Deimling, K. Bowman, Case Western Reserve U.; B. Kahana, Cleveland State U.; J. Reardon, Case Western Reserve U.

The growing number of adults who experience and survive cancer suggests that an increasing number of the elderly will be facing the continuing challenges associated with cancer and its treatment. To date, little is known about racial differences in the experience of cancer and the long-term difficulties accompanying its treatment. This research examines quantitative and qualitative data from a racially diverse, NCI-funded study of long term (5+ years post-treatment) breast, colorectal, and prostate cancer survivors (N=120), focusing on racial differences in health perceptions.

When compared to whites, African American survivors report poorer overall self-rated health, and poorer health in comparison to others their age. In other health perception measures however, African Americans and whites are similar, in that both groups report a greater focus on health, a greater likelihood of visiting their physician as a result of cancer, and continuing concerns about their health and the possibility of recurrence.

Findings are discussed in terms of their implications for health and social service practitioners working with the growing population of older adult cancer survivors.

A PROSPECTIVE STUDY OF SOCIAL NETWORKS IN RELATION TO CANCER INCIDENCE AMONG WOMEN.

Y.L. Michael, I. Kawachi, G.A. Colditz. Johns Hopkins University, Baltimore, MD 21205 and Harvard Medical School, Boston, MA 02115

STUDY OBJECTIVE: While there is strong support for the association between social isolation and all-cause mortality, evidence of a link between social isolation and cancer incidence is mixed. The goal of this analysis was to examine the association between social network and cancer incidence among middle-aged and older women. DESIGN: Using data from the Nurses' Health Study (n=60,180), women were categorized into four levels of social network (Berkman, Syme, 1979) ranging from very isolated (low) to very integrated (high). Total cancer incidence, as well as incidence of several specific cancers (breast, colon, and lung), was examined in the following four years. Excluding women with cancer diagnosis or depression at baseline, social network variables were entered into a age adjusted logistic regression model. RESULTS: Compared with women in the highest level of social network, socially isolated women were more likely to be diagnosed with lung cancer (age adjusted RR, 2.34, 95% CI 1.28 to 3.90). No excess risk was found for total cancer, breast cancer, or colon cancer incidence. CONCLUSIONS: Social isolation was associated with increased incidence of lung cancer, though not of cancer overall. Cigarette smoking partially mediates, but does not explain, the association. Isolated women may have limited access to material resources and services that have direct bearing on health outcomes.

DETERMINANTS OF FUNCTIONAL RECOVERY IN OLDER ADULTS SURGICALLY TREATED FOR CANCER

N. A. Hodgson. Population and Family Health, Johns Hopkins School of Public Health 615 N. Wolfe Street, Baltimore, MD

The purpose of this secondary analysis was to examine the psychosocial and disease specific factors that influence functional recovery in older adults newly diagnosed with cancer. Multivariate regression models were estimated using panel data from a sample of community residing adults over age 65 surgically treated for lung, prostate, breast or colorectal cancer (N=197). Data were obtained between 1993 and 1997 during interviews 4-6 weeks after cancer surgery for Wave 1 and 14-16 weeks after hospital discharge for Wave 2. The outcome measure, functional recovery, was determined using the physical function and physical role subscales of Medical Outcomes Study (MOS) SF-36. In multivariate analyses psychological well being (β=.174, p=.004), symptom severity (β=-.331, p=.0001) and unmet caregiving needs (β=-.228, p=.004) were the most significant factors influencing functional recovery, when comorbidities, site and stage of disease, gender and age were controlled. The final model accounted for 56% of the variance in recovery to baseline (p=.001). Pain and fatigue were the most common and most severe symptoms reported, regardless of primary site. Three or more caregiving needs were not attended to in more than half of the sample. The results clearly point to the need for symptom management and the identification of caregiving needs following cancer surgery. Future application and methodological issues that remain to be resolved in subsequent research are discussed. The paper contributes to the current policy debate regarding Medicare reimbursement for community-based cancer care.

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DEFINING DISABILITY: IMPLICATIONS OF MEASUREMENT FOR TRENDS IN DISABILITY RATES

Suzanne R Kunkel, S Mehdizadeh, A J Bailer, Scripps Gerontology Center, Miami University, Oxford, OH 45056

The recent evidence that disability rates are declining for the older population has received much popular press. If the observations are reinforced and the trend sustained, the decline will clearly have implications for quality of life and for health care planning and public policy. The recent observations of a decline in disability rates also raise significant issues of measurement for researchers. This presentation reports analyses of the 1994 National Long-Term Care Survey. We analyzed these data to generate age and sex-specific rates of disability in order to project the size of the disabled population through 2050 in Ohio. Extensive review of existing literature and numerous examinations of the NLTCS data revealed considerable variation in disability rates, depending on how disability is defined and measured. Some of the most consequential decisions in the measurement of disability are which items are included in the definition of a specific level of impairment and what kind of help constitutes limitation. This paper presents the results of sensitivity analyses for definitions of disability according to which ADL items are included and how need for assistance is coded. Our estimates of the proportion of the community with at least 1 ADL impairment ranged from 25% when continence is excluded from the list of 6 possible items, to 38% when continence is included and walking is excluded. The importance of explicit conceptualization in the measurement of disability is discussed.

TYPICAL VERSUS CAPABLE ACTIVITY FUNCTIONING IN COMMUNITY ELDERS: IS THERE A DIFFERENCE?

S.M. Haley, A.M. Jette, Roybal Center for the Enhancement of Late-Life Functioning, Sargent College of Health and Rehabilitation Sciences, Boston University, Boston, MA 02215-1605

The International Classification of Functioning and Disability (ICIDH-2 Beta-2 Draft) proposed by the World Health Organization (WHO) identifies the measurement of activity as one of the essential dimensions of life functioning. The purpose of this study was to develop a questionnaire to assess activity limitations in community elders. Since many community elders use devices or other supports to accomplish daily activities, we wanted to determine if there was a difference in activity limitations between the typical manner of performance versus capability if typical supports were not in place. Responses to an interview-administered questionnaire of 54 daily activities were obtained from fifty community elders. Using one-parameter item-response theory analyses, we obtained item difficulty calibrations for typical and capable responses for each activity item. Confidence intervals (95%) indicated whether typical and capable item calibrations were constant. Results indicate that estimates of typical and capable functioning are similar for many manipulation activities, but not all. Typical and capable item difficulty calibrations are significantly different for a majority of walking and transfer items. Based on these results, it appears that specification of typical and capable activity performance is necessary in selected items to measure activity performance accurately.

PERFORMANCE MEASURES AND SELF-REPORT MOBILITY DISABILITY IN OLDER PEOPLE

T-Y Lan*, D Melzer*, J Guralnik# *Department of Public Health & Primary Care, University of Cambridge, Cambridge CB2 2SR, UK # Epidemiology, Demography and Biometry Office, National Institute on Aging, Bethesda, Maryland, USA

Substantial differences have been reported in disability prevalence in older populations across industrialised countries and over time. Disability is influenced by biological factors (physical and mental impairments) as well as environmental limitations and attitudes. We aimed to isolate the biological components of mobility disability, to allow separate identification of these and the other components of disability, for use in trend monitoring and population comparisons. The data for this analysis were obtained from the US Third National Health and Nutrition Examination Survey (NHANES III). 6596 persons aged 60 and over were selected for this analysis. Mobility disability status was based on responses to standard questionnaires administered at home on three different walking tasks. Data on diagnosed disease and biological measurements at examination were also analysed. We found average walking speed, peak expiratory flow, walking gait, pain reported on walking, emphysema, congestive heart failure, arthritis, and walking aids were associated with all disability in all three walking tasks. Body mass index, hypertension, chronic bronchitis, diabetes, stroke, and using pain relief medicines were associated with one or two walking tasks. These results provide a basis for developing an index of 'mobility impairment', which after validation would allow the separate monitoring of the biological and the other components, in future studies of disability.

THE ROLE OF SOCIAL RESOURCES IN THE RELATIONSHIP BETWEEN PAIN AND DISABILITY.

Sharon Williams, S. Jackson, T. Craven, Wake Forest University School of Medicine, Department of Public Health Sciences, Winston-Salem, NC 27157-1063

Researchers typically document a positive relationship between pain and disability. If this effect of pain on disability can be reduced, individuals with pain may benefit from increased independence and quality of life. This study examines whether social resources (social support and social integration) moderate the relationship between pain and disability. A biopsychosocial framework is used to examine the influence of bio/physical (comorbidities, BMI, knee strength), psychological (depression, multiple indices of pain), and social (social support, social integration) factors on follow-up disability. It is hypothesized that at a given level of pain, those with increased social resources will have less disability at follow-up than those with fewer social resources.

Three hundred and eighteen older adults with knee pain, were assessed at baseline, 15, and 30 months. These older adults were participants in the Observational Arthritis Study in Seniors (OASIS). After adjustment for baseline disability, and other demographic, bio/physical, and psychological factors, multivariate regression analysis revealed that the influence of pain on disability decreased as social resources increased. This moderating influence was found for 3 of the 4 indices of pain.

This evidence suggests that older adults with osteoarthritis may benefit from increased integration in social networks, participation in social activities, and perceptions of informal support. Such support and/or integration may reduce the effect of pain on disability for older adults with osteoarthritis.

INTERPLAY BETWEEN MUSCULOSKELETAL PROBLEMS, PAIN, AND WALKING

RH Lawrence, K Kercher, B Kahana, E Kahana, K Kwoh, K Stange; Elder Care Research Center, Stone Commons, Case Western Reserve University, 10900 Euclid Avenue, Cleveland, OH 44106

Increasing evidence alerts us to the need to better understand components related to the reduction of activity. As such, the interplay between 3 components that consistently emerge in the literature as important was analyzed: number of musculoskeletal problems (arthritis, osteoporosis, and orthopedic problems); intensity of pain (during the past four weeks, from 1=none to 6=very severe) and number of hours on average per week spent walking as an exercise or activity. Data came from 458 elderly respondents who participated in the 5th and 6th waves of a longitudinal study of individuals living in three retirement communities in Florida (mean age 78.12, 65% female). Analyses controlled for demographic characteristics and other comorbid conditions. Walking (wave 5) did not have causal impacts on pain or musculoskeletal problems (wave 6). Pain and musculoskeletal problems (wave 5) had cross-lagged effects of similar magnitude on each other. Pain's (wave 5) impact on musculoskeletal problems (wave 6) was .146, and musculoskeletal problems' (wave 5) causal impact on pain (wave 6) was .139. Pain and musculoskeletal problems (wave 5) did not have a causal impact on walking across time (wave 6). Wave 5 measures were significantly related to their wave 6 measures. The mutual nature of the relationship between pain and musculoskeletal problems across time and the absence of a significant role for walking underscore the importance of early intervention.

WEIGHT LOSS AND FUNCTIONAL DECLINE IN LATER LIFE

C.L. Himes, Center for Policy Research, Syracuse University, Syracuse, NY 13244

Aging often is accompanied by a loss of weight and a loss of functioning. This paper uses data from the first two waves of the AHEAD survey to examine the relationship between these losses in community dwelling elders aged 70 and older. Between the two waves, 28 percent of surviving respondents report a weight loss of ten or more pounds. Among those who have lost weight, 54 percent report their health as fair or poor, compared to 28 percent of those with stable weights. At wave 1, 17 percent of those who lost weight report an ADL limitation, while at wave 2, 42 percent have at least 1 limitation, compared to 22 percent of those whose weight remained stable. Those with the most limitations at wave 2 are significantly more likely to have lost weight between the waves. Regression models controlling for beginning weight, wave 1 limitations, age, and sex show that losing weight is positively associated with an increase in ADL limitations at wave 2. Concerns about weight maintenance in later life are warranted.

DETERMINANTS OF FUNCTIONAL RECOVERY IN OLDER ADULTS SURGICALLY TREATED FOR CANCER

N. A. Hodgson. Population and Family Health, Johns Hopkins School of Public Health 615 N. Wolfe Street, Baltimore, MD

The purpose of this secondary analysis was to examine the psychosocial and disease specific factors that influence functional recovery in older adults newly diagnosed with cancer. Multivariate regression models were estimated using panel data from a sample of community residing adults over age 65 surgically treated for lung, prostate, breast or colorectal cancer (N=197). Data were obtained between 1993 and 1997 during interviews 4-6 weeks after cancer surgery for Wave 1 and 14-16 weeks after hospital discharge for Wave 2. The outcome measure, functional recovery, was determined using the physical function and physical role subscales of Medical Outcomes Study (MOS) SF-36. In multivariate analyses psychological well being (β=.174, p=.004), symptom severity (β=-.331, p=.0001) and unmet caregiving needs (β=-.228, p=.004) were the most significant factors influencing functional recovery, when comorbidities, site and stage of disease, gender and age were controlled. The final model accounted for 56% of the variance in recovery to baseline (p=.001). Pain and fatigue were the most common and most severe symptoms reported, regardless of primary site. Three or more caregiving needs were not attended to in over half of the sample. The results clearly point to the need for symptom management and the identification of caregiving needs following cancer surgery. Future application and methodological issues that remain to be resolved in subsequent research are discussed. The paper contributes to the current policy debate regarding Medicare reimbursement for community-based cancer care.

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THE ROLE OF GENDER ROLES IN HEALTH: EXPLORATION OF COHORT EFFECTS.

L.R. Hatch & B.J. McCulloch, Departments of Sociology, Family Studies, and Center on Aging, University of Kentucky, Lexington, KY 40506-0027.

Gender role theory often is used as an ex post facto explanation for observed gender differences in health outcomes. Empirical tests have occurred less frequently and have been conducted primarily for young adults. The purpose of this research is to test whether a traditional orientation toward gender and family roles is predictive of health outcomes for women and men of differing birth cohorts. The study utilizes longitudinal data from the National Survey of Families and Households (NSFH) for respondents who represent a broad range of birth cohorts (n=4,094). Agreement with traditional roles predicts better mental and physical health for those who are married, but poorer health for respondents who are not married. These effects are stronger for men than for women, and are confined almost exclusively to respondents of older cohorts. Although the limited span of time encompassed by the NSFH cannot address the question definitively, longitudinal results suggest that the impact of a traditional orientation on health may represent a cohort effect in the U.S.

EFFICACY CHANGES OVER THE COURSE OF A 12-WEEK PHYSICAL ACTIVITY INTERVENTION IN POST-MENOPAUSAL WOMEN.

E. Orsega- Smith, S.L. Mihalko,& John W. Graham
The Pennsylvania State University, Department of Biobehavioral Health, University Park, PA 16802

Self-efficacy, or the belief in one's ability to perform a specific task, has been associated with the adoption and adherence to health behaviors. Few studies have compared participation in a standard exercise prescription program to a physical activity program based on the CDC/ACSM guidelines with respect to efficacy changes. The current study examined changes in efficacy perceptions in women ages 50-80 years of age who participated in a either a 12-week exercise (N= 33) or physical activity program (N=28).

Latent growth curve analyses were conducted to examine the change in efficacy over multiple time-points. Results of latent growth curve analyses revealed a significant group effect on the slopes of biking efficacy (β=4.35, SE= 1.73, t=2.52), walk-jog efficacy (β= 1.89, SE= .72, t= 2.63), and barriers efficacy (β=3.23, SE= 1.58, t=2.91). Those in the physical activity group demonstrated greater growth in efficacy over the course of the intervention period compared to those in the exercise group. These results suggest that an improvement in self-efficacy can be an outcome of participation in a physical activity intervention in older women. It can be suggested that future physical activity interventions should include efficacy measures in studying the physical activity continuum.

A MULTIATTRIBUTE UTILITY STUDY OF THE HRT DECISION

J. DeMasters, Saint Louis University School of Nursing, St. Louis, MO 63104

Whether or not to use Hormone Replacement Therapy (HRT) is a dilemma facing millions of women approaching menopause and the years beyond. The purpose of this study was to construct a multiattribute utility model of the HRT decision and to test the predictive validity of this model. A total of 96 subjects were recruited from a large, Midwestern hospital and its affiliated university. Subjects were healthy, non-hysterectomized women age 45 - 65, eligible for HRT, who had already made or were presently contemplating HRT use. Among non-users, symptoms that were not severe enough to warrant HRT use, spotting, return of menses, and/or a dislike for taking medication were the most influential factors. For HRT users, care provider recommendation for HRT and relief from hot flashes were most important. Side effects of HRT swayed women away from HRT use and protection from postmenopausal diseases most influenced women to use HRT. Side Effects, Health Protection, Philosophical Orientation and Timing Issues were the factors that best discriminated between user and non-user groups. The overall accuracy of the model in predicting HRT use was 93.8%. Sensitivity was 100% and specificity was 85.3%. This model provides a much needed link between research and practice. It lays the groundwork for the development of a tool to predict HRT non-adherence and identification of patients needing follow up.

CLINIC CHARACTERISTICS ASSOCIATED WITH HIGHER BREAST CANCER RESCREENING RATES FOR LOW-INCOME WOMEN OVER 50.

R Otero-Sabogal, PT Ryder, JM Golding, PJ Fox, P Arnsberger, E Takahashi* Institute for Health & Aging, University of California at San Francisco, San Francisco, CA 94143

***Calif Dept of Health Svcs.**

Access factors and other clinic attributes are related to lower rescreening rates for clinics which serve low-income women. This quantitative, in-person survey of 102 randomly selected clinics participating in one of two no-cost breast cancer screening programs found the following factors significantly associated with higher rates in multivariate modeling of rescreening rates: participating in the longer established program, and having inadequate public transit to the clinic. Having a higher percentage of Asian-Pacific Islander patients and the patient recall system being computerized were marginally associated with higher rescreening rates.

INVESTIGATING THE DEMOGRAPHIC FACTORS THAT PLACE OLDER WOMEN AT HIGHER RISK FOR DEVELOPING CARPAL TUNNEL SYNDROME

A. Hagedorn, J.K. Kim, E. Crimmins Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191

Previous research has found that women are at higher risk for developing Carpal Tunnel Syndrome (CTS). The higher prevalence of CTS among women may be due to compounding factors of biological predisposition and occupational and lifestyle hazards. While most research focuses on only the physiological or occupational hazards, this study is unique in incorporating related factors including social and demographic factors.

Using data from the California Work and Health Survey, we investigated the relationship between the prevalence of CTS and age, education, race, income, occupation, and occupational tasks. In our sample, 11.3% of females reported having CTS, while only 3.8% of men reported CTS. The logistic regression results show that age, sex, and occupation predicted higher prevalence of Carpal Tunnel Syndrome. Given our results, and the expectation that people will work more years in the future, along with the fact that disability at a young age causes early retirement, we need to focus more attention on the relationship between gender and CTS caused disability. Our findings can help identify at risk populations to target for injury prevention programs that will be important in promoting longer and healthier work lives.

ASSESSMENT OF MIDLIFE AND OLDER RURAL WOMEN'S FOOD INTAKE VIA THE INTERNET

S.N. Walker, UNMC College of Nursing, 985330 Nebraska Medical Center, Omaha, NE 68198-5330; L.S. Boeckner, Dept. of Nutritional Science & Dietetics, U of NE-Lincoln; C.H. Pullen, G.W. Abbott, UNMC College of Nursing

The purpose of this study was to assess the feasibility of using the newly available World Wide Web (www) version of the Block 1998 Health Habits and History Questionnaire (HHHQ), and its reliability when compared with the established paper & pencil version of the HHHQ, in measuring healthy eating criteria from selected Healthy People 2010 Objectives (% of kcal from total and saturated fat; daily servings of fruits, vegetables and grains). A convenience sample of 31 rural women ages 50-69 (M=58.7, SD=6.45) participated in this study in rural western NE. Participants completed the paper & pencil version of the HHHQ that was mailed to their homes and came to their local Cooperative Extension office within 1-2 weeks to complete the www version of the HHHQ. Following a brief orientation to the computer, all but 2 women were able to provide useable data using the www version. The www version of the HHHQ was found to have adequate reliability when compared with the paper & pencil version, paired sample correlations for all food frequency measures approximated acceptable coefficients (>.70). This is a promising new tool for healthy eating research and consumer education with midlife and older rural women, many of whom reported failure to achieve HP2010 criteria for average daily consumption. Only 31% consumed < 30% of kcal from fat, 59% consumed < 10% of kcal from saturated fat; 48% consumed 5+ serving of fruits &vegetables and 21% consumed 6+ servings of grains.

"FIRST THE SCREENING, THEN THE INFORMATION:" GENDERED VIEWS OF PROSTATE CANCER SCREENING

S McFall, R. Hamm, Depts. of Health Promotion Sciences and Family and Preventive Medicine, PO Box 26901, Oklahoma Health Sciences Center, Oklahoma City, OK 73190.

While prostate cancer is a male disease, women may participate in decisions about screening in their role as family health manager. Prostate cancer screening is controversial.

Evidence of benefits of screening and treatment have not been clear and treatment is frequently accompanied by impotence and incontinence. We conducted 12 focus groups organized by gender and ethnicity (44 men, 39 women). We obtained participants' reactions to likelihood of positive screening result, presence of prostate cancer, lives saved by screening, and adverse side effects. Knowledge and awareness of prostate cancer screening was greater among men than women and among whites than minority participants. Women viewed their role as encouraging screening. Many thought outcome information that raised screening barriers should not be not be presented before screening. Men preferred information about events/outcomes prior to screening and focused more on life quality issues. Research supported by Centers for Disease Control and Prevention.

STAGES OF HEALTH BEHAVIOR CHANGE: CONGRUITY IN MARRIED PARTNERS' EXERCISE & RELATED INTERACTIONS

T.B. Hong, P. Alexandropoulos, & M.M. Franks,
Institute of Gerontology and Department of Psychology,
Wayne State University, Detroit, MI 48202

The stages of change model examines individual behavior change as a process that occurs in distinct stages rather than a dichotomous event. The present study sought to incorporate the stages of change model with social interactions specific to exercise behavior for married couple's following a cardiac event. More specifically, this study classified social interactions of exercise behavior as either supportive, undermining, or controlling. The extent to which the patient and the spouse gave and received the aforementioned types of interactions were examined. It was hypothesized that there would be more congruity in the partner's report of supportive, controlling, and undermining interactions for those in the same rather than those in different stages of change. Couples (N = 26 dyads) were recruited through the Cardiac Rehabilitation program at a local hospital as part of an ongoing study. As hypothesized, couples in the same stage of change tended to have more congruent exercise interactions when compared to those in different stages. These results were detected only when the spouse was receiving and the patient was providing the interaction. No association was detected in either group when the spouse was giving and the patient was receiving the interaction. Findings show that the stages of change model may explicate one way in which social interactions affect health behavior change.

AGE GROUP AND PSYCHIATRIC COMORBIDITY AS PREDICTORS OF HEALTH-RELATED QUALITY OF LIFE: A 12-MONTH STUDY OF MEDICALLY HOSPITALIZED MALE VETERANS

J.S. Roberts, F.C. Blow, C.R. Bingham, Serious Mental Illness Treatment Research and Evaluation Center, Ann Arbor VA HSR&D Field Program, P.O. Box 130170, Ann Arbor, MI 48113. B.M. Booth, HSR&D Center for Mental Healthcare Outcomes and Research, VA Medical Center, 2200 Fort Roots Drive, North Little Rock, AR 72114.

This study investigated the effects of age group and psychiatric comorbidity on health-related quality of life (HRQL) in a longitudinal sample of medically hospitalized male veterans (N = 743). We hypothesized that psychiatric comorbidity (a co-occurring psychiatric diagnosis as determined by structured research interview) would be associated with greater HRQL impairment over time, with older patients faring worse than their younger counterparts. The sample was divided into three age groups: 19-49 years, 50-64 years, and 65+ years. The SF-36, a multi-dimensional measure of HRQL, was the main outcome, measured at baseline, 3 months, and 12 months. Random regression models for longitudinal data were used in analyses. We found that psychiatric comorbidity was associated with decreased functioning in the HRQL domains of general health, energy fatigue, emotional role functioning, and mental health (all at $p < .05$). No significant age group differences were found, however. Findings suggest that older male veteran medical inpatients are at no greater risk than younger groups for decline in HRQL over time. However, given that psychiatric comorbidty was associated with a substantial and enduring impairment in HRQL regardless of age group, health care providers for medical surgical inpatients may do well to increasingly consider adjunctive mental health services for their older patients.

AGE AND ETHNIC DIFFERENCES IN COGNITIVE REPRESENTATIONS OF DIETARY BEHAVIOR, COMPLIANCE AND BLOOD PRESSURE IN A DIVERSE CLINIC POPULATION

M. Scisney-Matlock, L. Glazewski, L. Kachorek, K. Jamerson, S. Nesbitt, The University of Michigan, School of Nursing, Ann Arbor, MI 48109

A cognitive-behavioral intervention (CBI) was designed to shape cognitive representations of dietary behavior (CRDB) using tailored messages to enhance compliance with the Dietary Approaches to Stop Hypertension (DASH) diet. CRDB are enduring memories of beliefs, attitudes and intentions for behavior that contribute to long term behavioral outcomes. Research has shown the DASH diet is effective for reducing blood pressures in clinical trials for diverse populations with normal and high blood pressure (BP). However, little is reported about how age and ethnic groups differ after intervention on outcomes measuring ambulatory blood pressure (ABP), compliance, and CRDB. A Solomon-Four-group was used to randomly assign 48 middle-aged women (ages 50-70, 50% African American [AAW] and 50% White American [WAW]) recruited from a hypertension clinic to two experimental and two controls groups. For younger and older women assigned to experimental groups, results revealed significant differences and reductions of mean systolic BP differences at 30 and 60 days. Greater improvement on compliance and CRDB scores were shown for older participants with Stage 1 BP assigned to the experimental groups than control groups. Results of experimental group assignment, revealed more positive changes for AAW than for WAW for compliance and CRDB scores. These findings have important implications for both prevention and treatment of hypertension in diverse populations, and provide direction for future hypertension research.

SOCIOCULTURAL CORRELATES OF OBESITY AND PHYSICAL INACTIVITY AMONG OLDER AFRICAN-AMERICAN FEMALES

Sharon A. Jackson, Department of Public Health Science: Wake Forest University School of Medicine, Winston-Salem, NC 27157

As the U.S. population becomes more culturally diverse, there is an increasing awareness of the need to investigate non-Eurocentric cultural paradigms as they relate to health and health behaviors. This study investigated social and cultural attitudes related to

physical inactivity and obesity among older African-American women. Data were drawn from focus groups and one-on-one interviews conducted with African-American females, 60 years of age and older. Interactive qualitative data analysis and thematic codification for data reduction was used to summarize findings. Major themes included greater attractiveness of a large body size among older women ("You've got to have some meat on yo' bones honey."), expectation for inevitable weight gain with age ("I don't need to be a twig anymore"), and lack of interest in Eurocentric methods and motivators of change ("I'm not interested in no spa, but I'd come if you had some African drums playing."). These results have important implications for those interested in developing culturally relevant weight loss and physical activity programs among older African-American women.

THE RELATIONSHIP BETWEEN SOCIOECONOMIC STATUS AND OVERWEIGHT AMONG U.S. ADULTS -- EVIDENCE FROM A PROSPECTIVE STUDY OVER 21 YEARS

Haitao Wang, Andrus Gerontology Center, University of Southern California, Los Angeles, 90089-0191

Using data from the National Health and Nutrition Examination Survey I (NHANES I) and its epidemiologic follow-up surveys (1971-1992), this study examines the relationship between socioeconomic status and overweight among the adult population in the United States. The study finds that there exists an inverse association between SES and overweight among U.S. adults, but the pattern of the association varies by gender, age, and ethnic groups. The SES/overweight association is stronger for women than for men, stronger for whites than for blacks, and this association tends to diminish with the increase of age. In terms of the causality, it seems that the relationship between SES and overweight is bi-directional for women, with the effects being negative from both directions. For men, however, the effect exists only from the direction of SES to overweight. Finally, the study indicates that for both men and women, those with a higher socioeconomic status enjoy a more stable body mass in their life course compared with their lower-social status counterparts.

A RESEARCH BASED HEALTH PROMOTION AND CANCER SCREENING PROGRAM FOR POOR AFRICAN-AMERICAN ELDERS AT SELECT SENIOR CENTERS

J.M. Kurz, Temple University, CAHP, Philadelphia, PA 19140

Although the elderly comprise 12% of the population, they account for more than 50% of the new cancers diagnosed yearly. The elderly routinely avoid screenings due to cancer phobia and misinformation. This paper will describe a one year program that used diverse strategies (plays, games, special lunches, pamphlets, exercises, dance, etc.) to reduce the fear of cancer and improve participation in screening activities. Participants were predominately female between 70-79 years of age with monthly household incomes of less than $625. More than 40% had less than an eight grade education. Outcomes were measured with focus group interviews and written surveys. With specific interventions the fear of cancer can be reduced.

AEROBIC CAPACITY OF MEXICAN-AMERICAN WOMEN, 60 YEARS OF AGE AND OLDER

S. C. Laffrey, E. Hernandez-Spina, L. Meissner, J. Morrison, & R.J. Spina. School of Nursing & Department of Kinesiology & Health Education, The University of Texas at Austin, 1700 Red River, Austin, TX 78701-1499.

Few studies are found in the literature about exercise interventions with older Mexican American women, despite their risk of obesity, cardiovascular disease, and type 2 diabetes. Furthermore, little is known about their response to exercise or the factors that enhance their physical activity.

We studied the relationship between aerobic capacity (VO_2 peak) and the Rockport Fitness Walking Test in 20 active, healthy Mexican American Women aged 60 to 78 years. The VO_2 test was performed in the Clinical Exercise Physiology laboratory. The women were monitored with a 12-lead electrocardiogram. The Rockport Test was performed in the area in which the women exercised. Body mass index ranged from 21 to 36, VO_2 peak ranged from 10.4 to 22.5 ml/kg/min, and Rockport scores ranged from 9.6 to 24.5. Rockport scores were significantly related to VO_2 peak, but BMI was not related to either fitness score. Results can be useful for interventions to increase activity and fitness among older Mexican American women.

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THE EFFECT OF CHANGE IN COGNITIVE PERFORMANCE ON CHANGE IN PERFORMANCE BASED MEASURES OF PHYSICAL FUNCTIONING

M. Tabbarah, E.M. Crimmins, T.E. Seeman,
Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089-0191

The relationship between change in cognitive and change in physical performance is not well understood. No study has examined whether change in cognitive performance is related to decrement on more physically demanding tasks. This paper examines the relationship between change in cognitive performance and change among 12 distinct physical performance based measures. Data from the MacArthur Research Network on Successful Aging Community Study, a

longitudinal, three-site cohort study of high functioning, disability free Americans 70-79 in 1988 (re-interviewed in 1991 and 1995) are used to investigate these relationships. Regression analyses suggest that after controlling for baseline physical performance, demographic characteristics, health conditions/events, and health behaviors, individuals who decline on cognitive performance (from 1988 to 1995) demonstrate significant decrement on all 12 performance based measures. This finding suggests that despite the fact that evaluators direct individuals on how to complete an exercise, the successful execution of tasks demand cognitive processes, irrespective of the nature of the task. This information is useful for health care professionals who implement preventive programs aimed at maintaining current levels physical independence.

PATTERNS OF STABILITY AND CHANGE IN THE MEANINGS OF SELF-RATED HEALTH OVER A ONE-YEAR PERIOD: DISCOURSE ANALYSES

Mark R Luborsky, Carmit K McMullen, Arwen E Bunce, Wayne State University, Dept of Occupational Therapy & Dept of Anthropology, Detroit, MI 48202, and Jana M Mossey, MCP Hahnemann University, School Public Health, Philadelphia, PA 19102

Self-rating of health (SRH) in answer to the simple question, "How do you rate your health today? Excellent, good, fair, poor, or bad?" predicts mortality and morbidity better than physicians' ratings, symptom counts or disease severity. Despite substantial evidence for the "SRH effect" and widespread use of SRH in surveys, we know little about the linguistic and semantic construction of SRH by adults.

This paper identifies discourse elements and patterns in the construction of SRH over time. It reports findings from an ongoing, 5-year anthropology/epidemiology study of the meaning of SRH. The sample is drawn randomly from Medicare beneficiaries in Philadelphia, stratified at baseline by SRH category. Data collection includes open-ended, narrative measures of the meaning of SRH and standardized scales conducted at baseline and then monthly for one year.

Analyses of transcripts (N=70) show: (1) When SRH is stable or fluctuates between two categories, discourse topics and cycles on SRH remain stable over time. (2) But, for subjects with a sustained change in SRH either: (a) the structure or content of SRH discourse changes significantly, or (b) a major shift is signified in the salience of topics of talk about SRH. Implications for doctor-patient communication are discussed. [NIH #1R01AG15730]

MEASUREMENT ISSUES IN THE ASSESSMENT OF COGNITIVE FUNCTION & HEALTH

S.C. Drungle, M.M.S. Johnson, F.A. Schmitt, J.W. Ashford, W.R. Markesbery, C. Smith, & D. Wekstein
Department of Behavioral Science & Sanders-Brown Center on Aging, University of Kentucky, Lexington, KY

Recent research examining the relationship between cognitive decline and physical health has been restricted to simple measures of cognitive function (i.e., MMSE) and health (i.e., single self-rated health items). This research explores the relationship between cognitive function and physical health in a community-dwelling sample of older adults using objective health indicators (BMI, blood pressure, vision, coronary heart disease, stroke risk, mortality), the Medical Outcomes Study Short Form 36 (SF-36) (a multidimensional measure of health that is gaining acceptance for use with older populations), and a comprehensive mental status assessment of cognitive function (CERAD measures). The sample (N=211) was 66% female with an average age of 77.0 (s.d.=8.03) years and average education of 15.8 (s.d.=2.06) years. Episodic and semantic memory were related to physical exam variables (respiration, risk of stroke) and the SF-36 Physical Functioning subscale (all r's -0.18 to -0.28, p<.01). No association was found between general self-rated health and any cognitive measure. Results from this study suggest that measurement of these constructs in a simple fashion such as single items of self-rated health or the MMSE as a sole measure of cognitive function does not yield a clear picture of the more complex relationship between physical health and cognitive function in older adults.

QUALITATIVE ANALYSIS OF QUALITY OF LIFE (QOL) AMONG CONGESTIVE HEART FAILURE (CHF) PATIENTS.

HB Bosworth, KE Steinhauser, MM Orr, JA Hoff, SC Grambow, EZ Oddone
Durham VAMC & Duke University, Durham NC 27705

Attributes that represent Quality of Life (QOL) for a sample of CHF patients were examined. Patients with CHF coded on an outpatient visit over the last year were eligible. Three focus groups were convened with a total of 15 male veterans. The patients were 47-82 years of age, eight were NYHA stage 3 & 4 and seven were NYHA stage 1 & 2. Focus groups were conducted according to a structured, open-ended protocol and lasted about 90 minutes. Patients were asked to define what QOL meant for them and report factors perceived to influence their QOL. The analysis focused on the identification of content categories that described the qualities of the patients' experiences. Subjects identified over 30 attributes of QOL including physical, psychological, and social well-being components. While prior domains of CHF patients' QOL were confirmed, many other new factors were found (e.g., spirituality, preparation for death, unpredictability of the disease trajectory, frustration with changes in roles and limitations, and loss of independence). Changes in patients' lives were not always considered deficiencies; methods of coping with CHF were identified as important attributes. Participants emphasized the individual nature of definitions of what QOL meant for them. Identifying the domains important to CHF patients and determining the importance patients attribute to these domains is necessary to improve care.

CHANGES IN HEALTH-RELATED QUALITY OF LIFE AMONG OLDER CORONARY HEART DISEASE PATIENTS.

CHM van Jaarsveld, R Sanderman, I Miedema, AV Ranchor, GIJM Kempen. Northern Centre for Healthcare Research, University of Groningen. Antonius Deusinglaan 1, 9713 AV Groningen, The Netherlands.

The objective was to study changes in Health-Related Quality of Life (HR-QL) following Acute Myocardial Infarction (AMI) or Congestive Heart Failure (CHF) in elderly people (> 57 yr).

Methods: HR-QL was conceptualized and measured by physical, psychological (depressive symptoms/anxiety), and social (and role) functioning. Pre-morbid data (T0) were available from a community-based survey in 1993. Incident AMI and CHF cases, developed after 1993, are prospectively followed. Assessments were done at 6 weeks (T1), 6 (T2) and 12 months (T3) after diagnosis.

Results: Analysis include 89 AMI patients (mean age=69.5 yr) and 119 CHF patients (mean age=74.5 yr). At the pre-morbid assessment, AMI patients did not significantly differ on HR-QL compared to a reference group of elderly people. While CHF patients were on average older, and had worse HR-QL. At T1, all HR-QL measures (including anxiety) showed worse functioning compared to T0, except for depressive symptoms which presented later (at T2). Effect on physical functioning was largest. Effects on psychological and social functioning were less pronounced, but still significant. Effects maintained during the 12 months follow-up. *Conclusion:* The negative consequences on HR-QL among AMI and CHF patients are not temporarily. No recovery of functioning was seen in both groups, while functioning of CHF patients even continue to decline.

PARTICIPATION IN COMMUNITY ELDERS: WHICH DIMENSION(S) SHOULD BE MEASURED?

S.M. Haley, A.M. Jette, Roybal Center for the Enhancement of Late-Life Functioning, Sargent College of Health and Rehabilitation Sciences, Boston University, Boston, MA 02215-1605

According to the World Health Organization's International Classification of Functioning and Disability (ICIDH-2 Beta-2 Draft), participation measures the involvement of the individual in major life situations. The purpose of this present study was to develop a questionnaire to assess participation limitations in community elders. Participation items reflected life involvement in social relationships, household responsibilities, and productive activities outside the home. Since the WHO suggests that participation may be a multidimensional construct, we developed a questionnaire to assess frequency, difficulty and satisfaction dimensions of participation. Responses to an interview-administered questionnaire of 21 participation items were obtained from fifty community elders. Using one-parameter item-response theory analysis, we examined individual and combined solutions for the frequency, difficulty and satisfaction dimensions. Goodness-of-fit tests indicated that all three dimensions were unique, thus validating the distinctiveness of each dimension. In general, home and personal items were the more frequent and less difficult than social relationship and productive activity items. Satisfaction items were highly correlated, thus fewer items are needed to assess this dimension. Based on these results, it appears that frequency, difficulty and satisfaction are separate dimensions of participation.

ASSESSING WOMEN'S SYMPTOMS OF MI: PILOT TEST OF A TELEPHONE ADMINISTERED TOOL.

M. Cody & J. McSweeney, University of Arkansas for Medical Sciences, 4301 W. Markham Slot 755, Little Rock, AR 72205.

Consensus is growing that women experience different symptoms with MI than men do, but no large-scale studies have investigated the full scope of prodromal and acute symptoms in women. This pilot study sought to develop and test a telephone-administered survey to assess the prevalence of these symptoms in women. Using preliminary qualitative data, we constructed items addressing specific symptoms, timeframe in which they occurred, comorbidity, and cardiac risk factors. The prototype instrument was based on feedback from women with MI, clinicians, and survey research experts. The prototype was piloted with women identified by hospital discharge ICD-9 codes at 3 hospitals. Women were telephoned 6 weeks to 1 year post MI and asked to complete the 45-minute survey. Forty-eight women participated in the pilot study. Their average age was 64 (range 42-95). Most were white (87.2%), had a high school education (68%), and annual incomes of $29,000 or less. Eighty-one percent of the women reported having symptoms prior to their MI. The average number was 6 (range 0-18). The most common symptoms were unusual fatigue (77%), frequent indigestion (50%) and shortness of breath (42%). Women averaged 7 acute symptoms (range 1-17). The most common were feeling weak all over (66%), shortness of breath (64%), and unusual fatigue (62%). Despite the length of the tool, all the women completed the interview. The survey tool required only minor revisions based on psychometric analysis. It has been adapted for computer assisted interviewing and is currently being used and re-tested in a multisite study.

MEASURING MOBILITY: LIFE-SPACE OVER TWO YEARS.

P. S. Baker, E. V. Bodner, R. M. Allman,
Dept. of Sociology and Center for Aging, University of Alabama at Birmingham and VA Medical Center, Birmingham, AL 35294

To compare changes in mobility, defined in terms of four different measures of Life-Space (LS), community-dwelling adults aged 65+ were first assessed in their homes and called at 12 and 24 months. The LS Questionnaire was used to determine three simple measures of LS, the distance through which one routinely and purposely moves, ranging from 0 (room-bound) to 5 (unlimited movement). Measures included: LS/Independent (LS-I), the distance attained without devices or personal assistance; LS/Assisted (LS-A), the distance attained with devices; and LS/Maximal (LS-M), the distance attained using assistance from devices and/or people. A composite measure (LS-2) incorporated both LS level achieved and any assistance utilized (range 0-30). Change from baseline was defined as $\geq$ 1 level change for LS-I, LS-A, and LS-M and $\geq$ 1 SD (7) for LS-2.

The mean age of the sample (n=91; African American 44%; male 26%) was 75.4 (SD= 6.39). Mean baseline, 12, and 24 month scores were: LS-I=3.6, 3.7, 3.0; LS-A = 3.9, 4.0, 3.4; LS-M = 4.7, 4.6, 4.0; LS-2 =23.9, 24.2, 18.5. All measures show significant decline at 24 months ($p<.001$).

Number of Subjects with LS Change at 12 and 24 Months(N=91)

LS Status	LS-I		LS-A		LS-M		LS-2	
	12 M	24 M	12 M	24 M	12 M	24 M	12 M	24 M
Decrease	21	45	20	48	18	50	14	45
No Chng.	52	35	48	29	60	35	65	41
Increase	18	11	23	14	13	6	12	5

Among persons who were community-dwelling at 24 months, declines were 15% to 23% at one year and 49% to 55% at 24 months. Increases were 13% to 25% at one year and 5% to 15% at 24 months.

ETHNICITY DIFFERENCES IN FUNCTIONAL AND NEUROPSYCHOLOGICAL TEST PERFORMANCE IN OLDER ADULTS

A.D. Baird, M. Ford, K. Podell, M. Lovell,
Neuropsychology Division, Henry Ford Behavioral Health, 1 Ford Place, Detroit, MI 48202-3450

Earlier work demonstrated that reading and confrontation naming scores were important predictors of an index of financial knowledge and skill, while a visual form discrimination score has been found to be an important predictor of a measure of health and safety problem-solving. Others have reported lower scores in both normal and impaired African Americans (AAs) on reading and naming measures. Therefore, we predicted that AA and Caucasian (C) adults presenting to our Detroit-based clinic for neuropsychological assessment would differ on the financial index, reading, and naming measures, but not on form discrimination and health and safety problem-solving. These measures were part of a larger battery administered to 119 adults aged 61 and older (50 AAs and 69 Cs). As predicted, AAs in the sample had significantly lower scores on the expected variables than the Cs in the sample, but not on the health and safety index. Contrary to prediction, the AAs scored lower on form discrimination than the Cs. These differences disappeared for the financial and form discrimination variables when reading was used as a covariate. The study findings suggest the prominence of reading as a correlate of disparate abilities in impaired older adults and as a possible determinant of some ethnic differences in outcomes.

PATICIPATORY RESEARCH TO EXPLORE THE RELATIONSHIP AMONG ISOLATION, LONELINESS, AND THE HEALTH OF OLDER WOMEN.

M. Hall and B. Havens, University of Manitoba, S-110, 750 Bannatyne Ave., Winnipeg MB, Canada, R3E 0W3.

Participatory research is an effective means to develop recommendations for creative and enduring ways to deal with common issues. Our study, funded by PWHCE/Health Canada, explored the issue of gender differences in isolation and loneliness, and the relationships among isolation, loneliness, and the health of older women. University researchers with the Aging in Manitoba Study partnered with representatives of five community organizations dedicated to the well-being of older people. Results of initial data analyses were presented at a series of six public forums to raise awareness of the scope of the issue in Manitoba and to allow seniors and caregivers to describe their related experiences. The groups developed recommendations at three: for individuals, for community groups, and for policy makers. The results of the study and recommendations have been widely distributed to organizations and government departments. The community partner organizations are also using the information to enhance their work with older individuals.

Poor Health and a Poor Life - Self-Rated Health and Downward Health Evaluation Among Elders at High Risk of Mortality

Arwen E. Bunce, Mark R. Luborsky, Carmit K. McMullen (Wayne State University, Detroit, MI) and Jana M. Mossey (MCP-Hahnemann University, Philadelphia, PA)

Self-rated health (SRH), measured by a single item "How do you rate your health today," is a powerful predictor of mortality among elderly. Despite substantial proof of the "SRH effect," lack of knowledge about the meanings of SRH constrains clinical and practical applications of this widespread measure. Reporting data from an NIA-funded study of the meaning of SRH, we describe the meaning of "poor health" from the perspective of respondents with poor SRH, as well as those with good and fair SRH. Analyses show: 1) self-labeling as poor is a purposeful, reasoned act that means more than just a straightforward evaluation of physical symptoms; 2) SRH decreases as culturally expected lifestyle roles become threatened or inaccessible; 3)respondents struggle to keep a relatively positive outlook; 4) the threshold for this decrease in SRH varies from person to person and; 5) the logic each person uses to evaluate his health and life is consistent within the narrative of that individual. We conclude that some of the SRH effect is attributable to the fact that it is self-anchoring; it takes into account individual experiences and meaning-making. These results suggest that SRH works because it demands that the respondent evaluate and globally summarize multiple personal concerns.

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MOBILITY LIMITATIONS 1974-1991: PERIOD CHANGES EXPLAINING IMPROVEMENT IN THE POPULATION.

K. Ahacic, M. G. Parker, & M. Thorslund. Dept. of Social Work, Univ. of Stockholm, 106 91 Stockholm, Sweden.

Age related functional decline, as measured by mobility limitations, was postponed about ten years between 1968 and 1991. Socio-economic class, health behavior and childhood conditions predict later life morbidity. This study explored whether period changes in predictors of mobility limitations correlated with the period improvement in mobility. Interviews with persons aged 45-71 (n=4468) in 1974 and in 1991 were analyzed in an ordered logit regression. Predictors for mobility in 1974 were taken from an earlier 1968 survey and predictors for 1991 from 1981. Mobility limitations refer to difficulties with running, walking and walking in stairs. The odds for mobility limitations decreased with one third between 1974 and 1991. Changes in composition of socioeconomic class explained the improvement in mobility. The proportion in blue-collar worker occupations decreased while white-collar occupations increased. The proportion of women in the labor market also increased. Period changes correlated to improvement in later cohorts include a decrease in adverse childhood conditions and increases in physical activity. Smoking had an increased adverse effect in the period, suggesting that improvement should have 60 percent greater if it had not been for smoking.

THE DANISH 1905-COHORT SURVEY – FUNCTIONAL CAPASITY AND MORTALITY IN 2262 NONAGENARIANS.

H Nybo (HN), D Gaist (DG), B Jeune (BJ), K Christensen (KC). Epidemiology, Institute of Public Health, University of Southern Denmark, Odense University, Sdr. Boulevard 23A.1, DK-5000 Odense C.

Nonagenarians are rapidly increasing in number, but little is known about their characteristics. We therefore invited all Danes from the 1905-cohort to participate in a 2 hour home-based survey including cognitive and physical performance tests and collection of DNA. A total 2,262 (63%) persons participated. According to population-based registries participants represented a fairly non-selected group of the 1905-cohort. The functional capacity was very low as only 38% of the males and 26% of the females could be classified as "not disabled" according to a modified Katz' ADL scale. During 15 months of follow-up a total of 579 (26%) persons have died. Using the modified Katz' ADL scale the relative risk of dying for "severely disabled" persons vs. "not disabled" persons was 3.8 for males and 4.2 for females ($p<001$). Handgrip measures showed that the relative risk of dying for poorest quartile vs. best quartile was 2.7 for males and 3.6 for females ($p<001$). Persons unable to rise from a chair had a relative risk of dying of 2.4 (males) and 3.1 (females) ($p<001$) compared to persons who could rise without using their arms.

CHANGES AND STABILITY IN COGNITIVE IMPAIRMENT, DEPRESSION, AND FUNCTIONAL STATUS AMONG THE JAPANESE ELDERLY.

J. Liang, C. Blaum, J. Bennett, H. Sugisawa, School of Public Health and Institute of Gerontology, University of Michigan, Ann Arbor, MI 48109 and Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan.

The linkages among cognitive functioning, depressive symptoms, and functional status have been well documented. However, the majority of observations were derived from Western developed nations. The degree to which these findings can be extended to non-Western societies needs to be evaluated. Japan is an ideal setting for such an analysis given that it differs substantially from Western societies in terms of life style, social organization, and health care system. Furthermore, there may be reciprocal effects among cognitive, emotional and functional statuses. Data for this research came from a longitudinal study of a national sample of 1,411 older adults in Japan. Dynamic models involving repeated observations of cognitive, emotional, and functional statuses were examined. Several major findings emerged. First, consistent with prior observations, cognitive impairment and depressive symptoms are significant predictors of functional status both cross-sectionally and prospectively. Second, there is significant stability in these three measures. Third, there is a reciprocal linkage between depression and functional status.

PREDICTORS OF SELF-RATED HEALTH IN A LONGITUDINAL SAMPLE OF ELDERLY CANADIANS

Cheryl A. Cott, Monique A.M. Gignac, Peter Wang & Elizabeth M. Badley, The Arthritis Community Research & Evaluation Unit (ACREU), The Toronto Hospital, OCI/PMH, 610 University Ave., 16th floor, Rm. 704, Toronto, ON, Canada, M5G 2M9

Older people's self-ratings of their health are related to a range of outcomes, from psychological well-being to health care utilization and mortality. However, little is known about the factors that predict self-rated health over time. Multivariate logistic regression was used to determine the factors in 1994 that predicted poor self-rated health in 1996. The sample consisted of 3864 Canadians, 55 years and older, who were asked the same questions in the National Population Health Survey in 1994 and 1996. Males, those with low education and those who were not working in 1994 were more likely to report poor health in 1996. Controlling for 1994 self-rated health, factors in 1994 that predicted poor self-rated health in 1996 included illness-related factors (having pain and conditions such as cancer and heart disease); health behaviours (being a smoker and having low activity levels); and, social psychological factors (less mastery and higher levels of distress). The implications of these results are discussed in light of the potential modifiability of many of these factors.

RURAL ELDERS IN THE COMMONWEALTH OF KENTUCKY: FINDINGS FROM A 9 YEAR HEALTH SCREENING PROGRAM (KICS)

R.N. Paton, R.E. Aud, C Hoffman, R Vaught, I J Phillips, Kent School of Social Work and Schools of Medicine, Nursing and Dentistry, University of Louisville (UofL), Louisville, Ky. 40292

Kentucky is primarily a rural state with 69% of its counties federally designated as Health Professional Shortage Areas (HPSA). Little is known however about elders in those counties. Since 1993 interdisciplinary (medicine, nursing, dentistry, social work and health education) teams of students and their faculty preceptors have been conducting health screenings in primarily rural, HPSA counties in Kentucky. KICS, (Kentucky Interdisciplinary Screening Program), a 4 week summer program operates under the aegis of UofL and Western KY. University, 5 regional AHECs and a HRSA/BHP/IRT federal grant. Almost 2200 persons have been screened to date (n=2188). Among those screened 7.6% were over 60 years of age: average age 69.5 years, 64.2% were female and 45.3% people of color. Elders were significantly more likely than younger recipients to own their own home, be widowed and to have no additional family members living with them and a median income $943 per month. They were also significantly less likely to be referred for follow up appointments for psycho-social issues and more likely to be referred for appointments with physicians. This paper will highlight the analysis of differences and their implications between younger adults (ages 20-39 and 40-59) and elders in health history, physical screenings and social stressors, including findings from a post screening telephone call regarding follow-up with referrals.

OCCUPATIONAL CLASS AND MORTALITY RISK IN AN AGEING SWEDISH POPULATION — THE ROLE OF SELECTION EFFECTS

Ingemar Kåreholt, Department for Social Research, Stockholm University, 10691 Stockholm, Sweden.

How does selection in class mobility (by health and other factors) influence mortality differences among social classes in adulthood? In this article two different ways of controlling for selection effects are used. 1) Equation systems with probit models and hazard regressions are used: probit models to examine how childhood conditions predict social class in 1968 (blue- or white-collar workers), and hazard regression to study relative mortality risk for the period 1968-

1996. Among both men and women the social class predicted from the probit model has a stronger correlation with mortality than does actual social class. This difference is greater for women. The strong effect of predicted social class indicates the presence of selection effects, and that mortality differences between blue- and white-collar workers would be larger if selection was controlled for. **2)** Selection effects are controlled by using simultaneous equation systems with selectivity components. For both men and women the mortality difference between blue- and white-collar workers is much larger – about double – when selectivity is controlled for. Without controlling for selection, the differences are 18 and 4 percent. Therefore controlling for selection in class mobility increases differences found in adulthood.

FRAILTY IN CONTEXT: RURAL, URBAN ELDERS.

B.J. McCulloch, L.C. Kuder, & G.A. Gairola (302 Funkhouser, University of Kentucky, Lexington, KY 40506-0054).

Little information is available regarding rural/urban comparisons of elders identified as needing clinical attention. The primary purpose of this study was to examine predictors of frailty among at-risk elders. George's social risk framework was used to examine hypotheses. Data from 433 elders were used to examine two research questions: 1) Were there significant rural/urban differences in frailty and social, contextual factors among at-risk elders?; and 2) What social, contextual factors were related to frailty among rural, urban at-risk elders? Descriptive statistics and *t*-tests, χ^2, and hierarchical multiple regression procedures were used to examine specific hypotheses. Results showed that rural and urban elders differed with regard to living arrangements, education, income, number of children, home fire and safety hazards, frailty, and cognitive impairment. Education was the only consistent predictor of frailty among rural, urban elders. Age, income, home fire hazards, social activities, and marital status differentially affected frailty among rural, urban elders. Conclusions include: social and contextual factors are differentially related to frailty; and rural, urban at-risk populations are different across multiple social and contextual factors.

EFFECT OF ADL DECLINE ON SOCIAL NETWORKS TRANSITION AMONG THE JAPANESE ELDERLY

E.Kobayashi, H.Sugisawa, H.Kim, T.Fukaya, Y.Sugihara, H.Shibata, Tokyo Metropolitan Institute of Gerontology, 35-2 Sakae-cho, Itabashi-ku, Tokyo, 173-0015 Japan,
J.Liang, University of Michigan

This study examined (1) how decline in ADL affects social networks transition, and (2) whether those transitions are buffered by psychosocial factors. Data come from a nine-year longitudinal study using a national probability sample of Japanese aged 60 and over. We analyzed respondents (n=1,152) with no disabilities at baseline. Dependent variables were measured by four social networks indicators: number of close friends, number of close neighbors, frequency of meeting with friends and neighbors, and frequency of contact with them through telephone. Independent variables were time (within-subjects factor), level of ADL decline, psychosocial resources (income, education, self-esteem, family support), and participation in community organizations. We conducted ANOVAs with repeated measures. Significant time × ADL interaction effects on number of friends, number of neighbors, and frequency of meeting were observed respectively. Appearance of disabilities was related to loss of friends, neighbors, and frequency of meeting with them. Frequency of telephone contact declined during the follow-up period regardless of disabilities. There were no significant 3-way interactions of time × ADL × psychosocial factors. Results suggest that personal resources may not be able to completely buffer disabilities' effects on deterioration of social networks. *The authors acknowledge the helpful comments of Gavin Hougham*

GENDER, RACE AND FUNCTIONAL DISABILITY IN ADLS AND IADLS

S. Lin, Columbia University School of Nursing, New York, NY 10032.
R.Arons, Dr. Ph. Columbia University School of Public Health, New York, NY 10032

Previous studies have examined gender and racial differences in functional disability of American elderly. However, the role of gender by race in functional disability in ADLs and IADLs has not been well investigated. This study by using the data of National Health Interview Survey 1994 Second Supplemental on Aging intended to explore the differences in functional disability among four groups - white male, white female, black male and black female of age 65 and older. The results of the univariate analysis have shown that female blacks had poorer functional disability than other three groups. This finding was also confirmed by the logistical regression analysis when the effects of age, education attainment and living arrangement were controlled for. This study has suggested the importance of further examining the impact of gender factor interacting with race in explaining the differences in functional disability. The double jeopardy status of elderly female blacks calls more attention from policy makers, health care providers and researchers.

LIVING ALONE AND MORTALITY IN AN OLDEST OLD POPULATION LIVING AT HOME

F Pignatti, F Castelletti, I Metitieri, E Zanetti, A Marre, A Bianchetti, R Rozzini, and M Trabucchi. Geriatric Research Group, via Romanino 1, 25122 Brescia, Italy. E-mail: grg@opencom.it

Aim of the study is to detect the role of living alone in predicting mortality in a very old population. Data regard a multidimensional study carried out in Brescia, Northern Italy, in a population of old citizens (70-75 years). At baseline, questionnaire assessing demographics (civil status), economic, mental (Mental Status Questionnaire-MSQ), social (Linn and Linn) and functional status (BADL, IADL), depression (modified Beck Depression Inventory), chronic conditions and health care utilization was addressed to 1204 persons. The same multidimensional assessment 12 years after the baseline evaluation was performed in the survivors (419, 82-87 year old).
To determinate predictors of mortality and, particularly, to identify the effects of the living alone, two groups were defined: group I including elderly living with others (n. 752), group II, elderly living alone (n. 452).
There were no differences in poverty, level of social interactions, health services utilization, and score on MSQ scale between groups at baseline. Furthermore, data showed that elderly in group I presented less number of chronic diseases and somatic symptoms than those in group II who was more disabled. However, elderly in the group I are more widowed. Table 1 show the risk factors of mortality during 12 years, after controlling for all confounders found to be associated with mortality in a Cox regression

model (i.e. age, civil status, depression, disability, number of chronic diseases, number of somatic symptoms)

Risk factors at baseline	RR	95% C.I.
Group I	Ref.	
Group II	0.7	0.7-0.9

Data show that in our sample to live alone is not only a direct consequence of social circumstances (widowhood and low levels of social interactions) but a result of clinical and health conditions. In our sample to live alone is a marker of well-being.

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PROJECT 2015: THE FUTURE OF AGING IN NEW YORK

P. P. Pine, NY State Office for the Aging, 2 Empire State Plaza, Albany, NY 12223-1251

PARTICIPANTS:

M.J. Mellor (State Society on Aging of New York, NY, NY 10022) Research: The Academic Link to Policy

M. Harazin (NY State Office for the Aging, Albany) Research: Linking Policy to Practice

N. Glasgow (Cornell University, Ithaca, NY 14853) The Transportation Mobility of New York State's Aging Baby Boomers

DISCUSSANTS:

P.P.Pine, (NY State Office for the Aging)

M. Cantor (Fordham University, NY, NY 10023)

Project 2015 links research to policy, practice, and education. Preparing for the future aging of New York State with the entry of baby boomers into old age, the New York State Office for the Aging (NYSOFA) and the State Society on Aging of New York (SSA) together launched a statewide initiative to project the existing knowledge and research findings into the future, building a policy framework and offering recommendations. The resulting issue papers and briefs on over twenty topics address issues which include: 1) the impact of the aging baby boomer generation, 2) in what ways the older population differ from today, 3) how will the elders of tomorrow serve as a positive resource to other generations.

The expertise and wisdom of New York State's gerontologists, practitioners and researchers were brought together in a format that promised easy access to others within and outside the gerontological arena. Experts in each content area, working sometimes in small focus groups, took responsibility to prepare background or concept papers. Community forums, conducted throughout the state, provided additional insights and recommendations. The final product provides a framework and direction for the future to policy leaders and planners.

The objectives of this symposium are to present the genesis of the model, offer a blueprint for replication in other states, and take an indepth look at one of the key topics – transportation.

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AGE-AT-IMMIGRATION AND PSYCHOLOGICAL WELL-BEING: THE CASE OF OLDER CHINESE IMMIGRANTS

Tazuko Shibusawa, Columbia University School of Social Work, 622 West 113th Street, New York, NY 10025, James E. Lubben, Departments of Social Welfare and Urban Planning, University of California- Los Angeles, Los Angeles CA 90095

This research examines the psychological well-being and social integration of Chinese elderly who immigrated during different periods of their life course. Structured interviews were conducted with a random sample of Chinese immigrant elders who had immigrated to the U.S. between 13 to 83 years of age (N=194). Regression analyses shows that, contrary to other research findings among immigrant elderly, age-at-immigration was positively associated with psychological well-being. Chinese elders who had immigrated in late adulthood had more positive psychological well-being than their earlier arriving counterparts. In the multivariate model, age at immigration remained a significant predictor for psychological well-being after controlling for socio-demographic variables. Social integration also influenced psychological well-being and on occasion interacted with age at immigration. Overall, the findings implicate the importance of recognizing mental health risks among Chinese elders who immigrated to the U.S. during young adulthood as well as those who immigrated in late life.

CAREGIVING TO ELDERLY PERSONS WITH AD BY THEIR ELDERLY SPOUSES: THE IMPORTANCE OF GENDER, RACE, SOCIOECONOMIC STATUS, AND GEOGRAPHIC LOCATION

A.V. Kaufman, J.I. Kosberg, L.D. Burgio, & L.L. Roff. Sch. of Soc. Wrk., The U. of Alabama, Tuscaloosa, AL 35487

A first wave of research on gender differences in AD caregiving concluded that wives were the main caregivers and likely to suffer mental health problems. Caregiving husbands were described as mainly undertaking instrumental tasks or purchasing services. A second wave of studies produced inconclusive gender differences in caregiving. Some studies found that female caregivers were more prone to mental health adversities, while some found no gender differences and others found that it was the male caregiver who was at high risk for physical and mental health problems. In the main, the studies that sought to differentiate the experiences between male and female caregivers failed to focus upon specific characteristics of their samples, such as socioeconomic status, racial background, and geographic location. Additionally, there was little attention given to the conceptual and methodological difficulties associated with the identification and involvement of husbands as caregivers in studies of the experiences and consequences of caregiving. This paper will address the need for a third wave of studies on AD caregiving by elderly husbands and wives that considers differences not only by gender, but also by socioeconomic status, racial background, and urban or rural location. Implications to be discussed are related not only to knowledge development of differences in elderly spousal caregiving to AD husbands and wives, but also to the need for planning for and services to these elderly caregivers living in both rural and urban settings.

Racial Differences in Arthritis Prevalence in Older Adults

D.D. Dunlop, L.M. Manheim, R.W. Chang, IHSRPS
Northwestern University, Evanston, IL 60208.

Objective: This purpose of this study was to evaluate the prevalence of arthritis that resulted in a physician's visit and the prevalence of activity limitations by demographic, ethnic, and economic characteristics of older adults.
Methods: This study uses data from the Asset and Health Dynamic Survey Among the Oldest Old (AHEAD), a national probability sample of community-dwelling people born in 1923 or earlier. Cross-sectional analyses were done using the 1993 AHEAD data.
Results: Rates of seeing a physician for arthritis ranged from 25% in non-Hispanic White, to 40% in non-Hispanic Black, and 44% in Hispanic older adults. Higher arthritis prevalence rates were associated with less education, less income and fewer net assets. Among people only reporting arthritis, 22% of non-Hispanic White, 21% of non-Hispanic Black and 28% of Hispanic adults also reported at least one limitation in activities of daily living (ADL), after adjustment for age and gender. Among older adults reporting arthritis plus other chronic conditions, ADL limitation adjusted rates increased to 48% of non-Hispanic White, 57% of non-Hispanic Black and 56% of Hispanics.
Conclusions. Non-Hispanic Black and Hispanic older adults reported substantially higher rates of arthritis than did similar non-Hispanic White persons. In addition, higher rates of ADL limitations were found among Hispanics with arthritis and both Hispanic and non-Hispanic Black adults with arthritis plus chronic conditions compared to similar non-Hispanic White adults. Further study is needed to confirm and elucidate the reasons for these racial and economic disparities in elderly populations.

INTEGRATING CULTURAL HERITAGE IN ENVIRONMENTS FOR PEOPLE WITH DEMENTIA: CONCEPTUAL FRAMEWORK AND CASE STUDIES

U. Cohen, Institute on Aging and Environment, University of Wisconsin-Milwaukee, Milwaukee, WI 53201

K. Day, Department of Urban and Regional Planning, University of California, Irvine, CA 92697

As a population, US older adults represent growing cultural diversity. In recent years, gerontologists and others have become increasingly sensitive to the importance of culture in the lives of older Americans. For people with Alzheimer's disease, cultural heritage holds unique, therapeutic potential. Cultural resources are instrumental for reminiscence, self-continuity, and maintenance of a sense of the healthy and familiar among people with AD. Yet even contemporary and innovative facilities for people with AD rarely utilize cultural heritage as a significant therapeutic resource. This paper outlines a conceptual framework for the therapeutic use of cultural resources in environments for people with Alzheimer's disease. The framework emphasizes accommodation of culturally-based activities, as shaped by group size and composition; time (day, week and seasonal); gender; religion; and place characteristics. Examples from a pilot study and case studies demonstrate the potential incorporation of therapeutic cultural resources into existing and new facilities for people with AD.

VIOLENCE IN COMMUNITY CARE: AN EXPLORATORY CROSS-NATIONAL STUDY OF CARE IN TWO SEGREGATED CITIES

S.M. Keigher, Soc Welfare, UW-Milwaukee, Milwaukee, WI 53201.

A qualitative study of elderly users of home care in Milwaukee (n=40) and Belfast, Northern Ireland (n=12) highlighted prevalent interpersonal, random, and institutional violence felt by elders, families and home care workers. Examination of contextual data (case details, interview narratives, service location, and administrative/organizational structures) reveals how institutionalized patterns of racism/sectarianism and resultant distrust affects service providers & dependent elders' access to personal care.

While the model of care delivery is radically different in these two cities (Wisconsin's consumer-directed and Northern Ireland's professionalized, hierarchical, and integrated with medical care), care options in both settings are limited by: •Greater availability of "formal services" in higher income communities, yet greater availability of workers in oppressed & low-income communities (African-American and Catholic). •All elders' initial discomfort with "strangers," but higher income elders' greater and more expensive choices. •All workers' reticence to cross community boundaries: No Milwaukee White workers served Blacks. In Belfast, both Catholic and Protestant Home Helps in working class areas fear serving the other community, while professionals are more insulated. Catholic and Black workers encounter more threats & violence. •Some family carers perceive the "other" culture as "unwilling to work," and harboring unreasonable expectations.

Housing segregation in urban settings limits opportunities, producing both material deprivation and violence. Whites in Milwaukee have great difficulty finding workers, even when they can hire anyone they like, they rarely know persons doing home care work. Social workers arranging care in Belfast have similar difficulty hiring Home Helps in "border areas" where workers are needed to serve both Catholic and Protestant communities. Segregation, aggravated by transportation obstacles, has variable implications for domestic care, given its nature (economic or "protective") and intensity. Care designers, city planners, and policy makers should acknowledge the implicit costs of residential segregation on domestic care, and work together to alleviate it.

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ASSISTED LIVING: TO REGULATE OR NOT TO REGULATE—THAT IS THE QUESTION

J. Franks, Univ. of Washington, Seattle, WA 98195.

PARTICIPANTS:
M. Hernandez (Assisted Living Concepts, Portland, OR 97216) The for-profit perspective in Oregon.
M. Lopez (Calif. State Dept. of Social Services, Sacramento, CA 95814) Experiences with state regulations.
M. Williams (Heritage House at the Market, Seattle, WA) The non-profits in Washington state.
M. Wilson (Marriot, Ft. Lauderdale) A national for-profit perspective.
DISCUSSANTS:
N. Coleman (American Bar Assoc. Commission on Legal Problems of the Elderly, Washington, DC 20005)
J. Franks (School of Social Work, Univ. of Wash, Seattle, WA 98105)

If, how, and at what level to regulate assisted living is producing lively debate nationwide. Experts from the for-profit and non-profit, the large and the small, the state and the private sectors will link policy and practice, teaching and training, to provide an in-depth look at what might be some of the best ways to regulate (or not to regulate) this newest option in long-term care.

Opinions differ about at what level and to what extent assisted living should be defined, regulated, and monitored. Opinions also vary as to how these issues effect affordability and profitability. What are the trade-offs and how can these best be balanced?

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A COMPARATIVE ANALYSIS OF CONSUMER VIEWS AMONG OLDER VERSUS YOUNGER PERSONS LIVING WITH HIV/AIDS

C.A.Emlet, Social Work Program, University of Washington, Tacoma, Tacoma, WA 98402.
J.Berghuis, School of Social Work, University of Washington, Seattle, Seattle, WA 98105

Throughout the AIDS pandemic, a consistent 10-15% of AIDS cases have been diagnosed in persons age 50 years and older. Studies which examine service use have been primarily retrospective analyses of medical services. To date, research has not addressed the views of older HIV infected consumers with regard to the importance and availability of services. Methods: Data from 287 consumers who completed a needs assessment survey conducted in Seattle/King County Washington were studied. Cases were classified into two age categories: age 20-39 (n=219) and 50 years or older (n=68). These two age groups of HIV/AIDS consumers were compared on demographics and services they rated as most important. Results: A descriptive analyses revealed differences between the older and younger age groups on household income, history of homelessness and history of drug use. Age group comparisons found significant differences in services ranked as most important including: home chore volunteers, spiritual/religious counseling, AIDS Prescription Drug Program, insurance assistance and food bank/free groceries. Differences in the availability and use of HIV related services were also found.

AGING INMATES: HOSPICE AND OTHER LONG-TERM CARE IN A PRISON SYSTEM

C.M.Mara, School of Public Affairs, Penn State University at Harrisburg, Middletown, PA 17057

Longer sentences with no possibility of parole have resulted in an aging prison population, with more inmates needing long-term care (LTC) and dying in prison. The purpose of the study was to identify and describe the models through which LTC is provided to inmates, including dying inmates, in the PA Dept. of Corrections (PDOC). Staff at the 25 state prisons completed a written survey and a telephone (or on-site) interview. At seven prisons, two group interviews were conducted, one with staff, one with inmates. LTC models, although categorized like those in the free population, had very different implementation strategies. The need for LTC increased significantly with age. The models of care of dying inmates included: a three-bed hospice unit; ad hoc hospice-type care; regular infirmary care (or with added privileges); and combined infirmary care and general population housing. PDOC is using the findings in policy making. The project was supported by U.S. Dept. of Justice, NIJ Grant No. 98-CE-VX-0011. Points of view are the author's and do not necessarily represent DOJ's official position or policies.

LONG-TERM CARE PLANNING IN AGING FAMILIES OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES ISSUES AND INTERVENTION STRATEGIES

K B McGrew, Department of Sociology, Gerontology and Anthropology, and Scripps Gerontology Center, Miami University, Oxford, OH 45056

This paper combines findings from three studies related to long-term care planning, two with a focus on conventional aging families and one with a focus on aging families of individuals with developmental disabilities. Two studies, using focus group and individual interviews, identified eight steps necessary to facilitate pre-crisis long-term care planning in older adults. The third study, an evaluation of an MR/DD life planning facilitation service, included interviews with ten family clients of this service. Common issues related to long-range long-term care planning were identified in both family types. However, aging families of individuals with developmental disabilities confront distinct challenges as parents plan for their own long-term care *and* the long-term care and/or support of their family member. These dual needs represent important challenges for both aging and MR/DD services and, more importantly, for agency coordination and collaboration. Policy implications and program strategies are identified.

RAPID ETHNOGRAPHIC ASSESSMENTS OF DEMENTIA CARE SETTINGS

S.H. Briller, Department of Anthropology, Wayne State University, Detroit, MI 48202 C. Weber, M. Calkins, I.D.E.A.S., Inc., 8055 Chardon Rd., Kirtland, OH 44094

This presentation describes rapid ethnographic assessments conducted at five sites during pilot research on models of care in dementia settings. These sites were nominated by nationally recognized experts as places that provide exceptional dementia care. Structured questionnaires, open-ended interviews and observations were conducted with families and with staff at all levels

Topics examined included unit philosophy, care practices, and what makes a unit successful. Results identified a number of organizational issues as being important in achieving excellence, including top administrative and unit management skills, administrative involvement and support, staff empowerment, staff ratios, good communication systems and innovation related to employees, residents and families. Results also indicated that in these sites, both family and staff had clear expectations about the philosophy of the place, daily routines, roles and values, and that these expectations were routinely met. This presentation will discuss the larger implications of these findings and how they can inform staff education about the importance of models of care in dementia settings.

Carers of older people with dementia: assessment and the Carers Act

Dr. D. Seddon, Centre for Social Policy Research and Development, University of Wales: Bangor, Gwynedd, LL57 2PX.

The Carers Act came into force on April 1st 1996. It entitles carers who are providing substantial amounts of care on a regular basis to an assessment of their needs and ability to care. The aim of this study was to evaluate the process and outcomes of assessments carried out under the auspices of the Act. Combining qualitative and quantitative research methods, it involved interviews with carers of older people with dementia. This presentation reports the key findings, describing carers' experiences of assessments and services. Carers have limited knowledge of the legislation and are unsure of the purpose of assessment. Carers lack an explicit framework to direct the assessment of their needs. The parameters of assessment, as described by carers, remain client-focused and framed within a set of expectations that carers are willing to continue caring. There are a number of organisational and procedural barriers to carers' involvement in the assessment and care planning processes. Carers' qualitative experiences of the service system are varied. Whilst services are useful in meeting the needs of the older person with dementia, they are less responsive to carers' needs. Despite the high level of commitment to supporting carers in the UK, there remains a considerable gap between policy and practice.

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FINANCING OPTIONS FOR LONG-TERM CARE

Chairperson: C. Murtaugh, Center for Home Care Policy & Research, Visiting Nurse Service of NY, 5 Penn Plaza, New York, New York 10001

Participants

Y.P. Chen (U. of Massachusetts, Boston 02125-3393) *Funding Options for Long-Term Care*

J. Wiener (Urban Institute, Wash., DC 20037) *Where is Long-Term Care Going? Policy Implications of Service and Disability Models*

B. Spillman (Urban Institute, Wash., DC 20037) *Integrating Long-Term Care Financing and Retirement Income*

M. Cohen (Center for Health and Long-Term Care Research, Waltham, MA 02453) *Status Report on Private Long-Term Care Insurance*

Discussant

M. Moon (Urban Institute, Wash., DC 20037)

The aging of the baby boom generation, an increase in dual career families with limited time available to provide informal care, and sustained political opposition to new government programs have heightened concern about the financing of future retirees' long-term care (LTC) needs. Of particular concern is how in-home and community-based LTC will be financed given rapidly increasing demand for these services fueled by consumer preference, financial incentives for hospitals and nursing homes to reduce length of stay, and technological advances that make it possible to manage more complex conditions at home.

This symposium will focus on public and private strategies for financing LTC. Chen will provide an overview of current financing including the advantages and limitations of several model programs and will propose a system that combines private savings, private insurance, and social insurance to achieve a more rational and sustainable way of paying for LTC. Wiener will discuss the increasing emphasis on a disability model of LTC as a greater share of services is provided outside of institutions. Differences between service and disability programs and how the two models address potentially conflicting goals (e.g., equity vs. efficiency, improved functional outcomes vs. high consumer satisfaction) will be identified and the policy implications discussed with a special emphasis on LTC financing reform. Spillman will describe an annuity-based strategy of LTC financing that has the potential to address both income security and LTC financing by reducing the cost of income annuities and removing the need for medical underwriting of LTC benefits. Finally, Cohen will discuss the current market for private LTC insurance, lessons learned from a recent study of claimants' use of their private insurance benefits, and the potential for private insurance to play a larger role in the financing of LTC.

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INNOVATIONS TO MEET THE NEEDS OF ELDERS IN AN ERA OF FEDERAL MINIMALISM

Francis Caro and Robert Morris, Gerontology Institute, University of Massachusetts Boston, Boston, MA 02125.

Participants:

Y.-P. Chen (Gerontology Institute, UMass Boston) Private Pensions and the Federal Government..

M.R. Meiners (University of Maryland) Options and Strategies for Supporting Personal Responsibility for LTC Financing

J.E. Hansan (Capitol Advantage, McLean, VA) The Emergence of Assisted Living as a Long-Term Care Option.

M. Barth (ICF Consulting, Inc., Fairfax, VA) Employer Policies and Older Worker Employment

J.M. Goggin (Elderhostel Institute, Boston, MA 02110) Older Adult Education: Elderhostel and Learning in Retirement Programs.

Leadership in the development of new solutions to the needs of older people has shifted away from

Washington. How well are others responding? The panelists will highlight significant recent developments in several sectors that are largely if not entirely the result of private sector initiatives. The aim will be to illustrate the potential for improved options for the elderly to be introduced in a period when the federal government prefers to play a minimal role in addressing human needs. The role of government in encouraging these initiatives through tax incentives or public education or in protecting consumers through regulation will be discussed. Consideration will be given to both the strengths and limitations of these initiatives. In their critical assessments, the panelists will consider their scope in relationship to the magnitude of the problems being addressed and the degree to which the initiatives reach vulnerable populations. The following specific topics will be discussed: new financial instruments to encourage private savings, employer initiatives to attract and retain older workers, assisted living facilities, private long-term care insurance, and educational programs for older adults.

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MYTHS AND REALITIES OF AGING 2000
N.A. Whitelaw, National Council on the Aging, 409 Third Street SW, Washington, DC 20024
PARTICIPANTS:
N.E. Cutler, NCOA, Washington, DC
W.A. Achenbaum, University of Houston
V.L. Bengtson, Univ of Southern California
F.L. Cook, Northwestern University
J.C. Takamura, Administration on Aging

During the first two months of 2000 The National Council on the Aging in collaboration with the International Longevity Center conducted ***Myths and Realities of Aging 2000*** (MRA2000). This landmark national survey examines not only public and self perceptions of aging in America today, but concerns about future aging – both personally and societally, and across gender, ethnic, socioeconomic, and age sub-groups. MRA2000 is based on a core national sample of 2,000 adults (age 18+) plus an over-sample of 1,000 older adults (age 65 +) divided among White, African-American, and Hispanic respondents.

Of special societal and research significance is the fact that MRA2000 builds directly on the questionnaire and the findings of *The Myth and Reality of Aging in America* survey developed by NCOA in 1974. Harris Interactive, Inc. (formerly Louis Harris and Associates) conducted both surveys, which further facilitates trend comparisons across the twenty-five year period.

Comparing 2000 to 1974 we find, for example, a substantial decline in the proportion of older Americans who identify health, income, loneliness, and crime as very serious personal problems. Alas, similar to 1974, in 2000 younger respondents (18-64) "over-perceive" the seriousness of old-age problems compared to older respondents themselves.

MRA2000 focuses on finance, health, and societal connectivity, as well as perceptions of future aging. Across these domains, first analyses clearly document the erosion of chronological age as a central indicator of the experience of aging. At the same time, however, while we may understand the facts of an aging society, the data also document a notable under-preparedness for old age. Overall, MRA2000 offers clear evidence of the measurable but unfinished success of social policy over the past quarter-century, and simultaneously documents our continuing need to systematically assess the linkages among policy, practice, and education.

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Research Needs To Facilitate Safe Transportation for an Aging Society
J. Eberhard, U.S. DOT/NHTSA, 400 7th St S.W. Washington DC

PRESENTERS
S Samson, Getting in Gear Project Director, Tampa Bay, FL. Professional input from forums addressing the issues
H Kerschner, The Beverly Foundation Pasadena, CA Focus group input from older people and their family care givers
Jane Stutts, University of North Carolina, Highway Safety Research Center, Chapel Hill N.C., J. Eberhard, NHTSA and A Straight, AARP Inputs from national telephone surveys,
R. Marottoli Chair- Transportation Research Board Committee on Safe Mobility of Older Persons and VA Connecticut and Yale University School of Medicine, New Haven, CT 06510 Identified Research Needs

DISCUSSANTS
J Coughlin, Director, Center for Transportation Studies, Massachusetts Institute of Technology; and
D. Trilling, U.S. Department of Transportation, Washington, D.C.

A national group spearheaded by the U.S. Department of Transportation is attempting to develop a national research agenda to improve the transportation for our aging society. The group has conducted a number of activities to identify what the research needs are and how to best go about meeting the needs. This symposium will present the various inputs in their development and what needs to be done to get the research accomplished.

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RESEARCH AND EDUCATION: IDENTIFYING THE CORE VALUES, THE DIFFERENCES, AND THE LINKAGES.

Charles R. Schmidtke, Canisius College, 2001 Main St., Buffalo, NY 14208.

PARTICIPANTS:

Kenneth F. Ferraro, Sociology, Purdue University, 1365 Winthrop E. Stone Hall, West Lafayette, IN 47907

Christine L. Fry, Anthropology, Loyola University of Chicago, Chicago, IL 60626.

Jon Hendricks, University Honors College, Oregon State University, Corvallis, OR 97331.

This symposium begins with the following premise: A Critical Gerontology should assume that the various disciplines and fields examining aging do so with diverse methodologies, values, and viewpoints. Thus, they create different paradigms and meanings of aging. These examinations are not merely different views of a homogeneous reality, however; rather, they constitute a real heterogeneity of meanings. The same premise can be applied to the difference between research and educational programming. This symposium will examine critically this diversity. Panel members will examine the nature of the differences; discuss what core values exist; and identify linkages across disciplines and between research and educational programs. Finally, the panel will address how multidisciplinary approaches can become interdisciplinary and how research and education should be iteratively designed. The format for this symposium will be discussion oriented and everyone will be encouraged to participate.

This symposium is sponsored by the GSA Research, Education and Practice Committee.

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TRAINING PRACTITIONERS IN THE MEANING AND EXPERIENCE OF MEDICAID SPEND DOWN

Marlene S. Stum, Department of Family Social Science, University of Minnesota, St. Paul, 55108

Having Medicaid financial workers and case workers who understand the meaning and experience of involuntary impoverishment from the perspective of elderly clients and their family members can help improve service. Research findings are used to train practitioners in key findings and in strategies for becoming more sensitive to how elderly clients and their family members experience transitioning from private to public sources of payment for long term care. Inductive qualitative methods are used to examine the experiences of 35 elders and their family members involuntarily experiencing the Medicaid spend down process as they cope with financing long term care. Recurring themes and sub-themes are identified for families in the process of spend with "no end in sight", and for those who had applied or had already qualified for Medicaid having reached, "when our money's gone." Factors influencing how family members perceive the impoverishment process are identified, including practitioner personal values and beliefs, framing of problems and solutions, control of information, and interpretation of rules. The experiences shared by family members highlight the complex emotional and financial burdens of facing poverty in later life and reinforce the need for training to go beyond technical eligibility criteria. Training strategies (case studies and activities) illustrate how to engage practitioners in understanding relevant research and draw implications for improving practice.

Long-Term Care Use by Minority and Non-Minority Elders: A Conceptual Framework. E.H. Bradley, S. A. McGraw, L. A. Curry, D. A. Buckser, Yale School of Public Health, 60 College Street, New Haven, CT 06510

The influence of ethnicity in long-term care service use has drawn increasing attention in recent years, reflecting in part the changing composition of the U.S. older adult population. The objective of this study was to develop a conceptual framework for guiding future research on ethnicity and long-term care use. Empirical evidence to illustrate the model was derived from a set of 10 focus groups of minority and non-minority older adults. Transcripts were analyzed independently and in a group to identify recurrent themes using the constant comparative method. Building on the prevailing Andersen and Newman model of health services use, the proposed framework retains the conceptual categories of predisposing, enabling, and need factors as originally articulated by Andersen and Newman. However, the proposed framework expands the prevailing model in two ways. First, hypothesized relationships among predisposing, enabling, and need factors are described more fully. Second, the framework explicitly incorporates psychosocial factors (attitudes, subjective norms, and perceived control) consistent with Ajzen's Theory of Planned Behavior. Conceptual and measurement issues related to psychosocial factors are explicitly addressed. Given the importance of attitudes and social norms as core components of culture, these factors may be essential in explaining the role of ethnicity in long-term care use. The study provides a conceptual basis for inclusion of such factors in future research on patterns of long-term care use by minority and non-minority elders. Supported by the Donaghue Medical Research Foundation.

ARE CASE MIX SCORES CHANGING OVER TIME? A J. Bailer [1,2], J. K Straker [1], Scripps Gerontology Center, [2] Dept. of Math & Stat., Miami University, Oxford, Ohio 45056

The Minimum Data Set (MDS) for nursing home residents is used to determine resource utilization groups (RUGS), case mix scores, and ultimately, reimbursement for resident care. Previous research suggests that nursing home resident acuity has increased over time, but some suggest that this changes is due to other factors rather than actual acuity changes. To examine this question we obtained twelve quarters of data from the MDS+ in Ohio from 1995-1997. Individual resident records were collapsed into facility-specific summary files. Changes in the facility-specific average case mix scores were examined as a function of facility structure (e.g. urban/rural, bed capacity), services (e.g. ventilator beds, Alzheimer residents), resident acuity (e.g. nursing hours, therapy hours, turnover), and financial management (e.g. proportion of Medicare beds).

Summary statistics for case mix scores are generated by the various variables described above. Linear mixed effects models were employed to examine the changes in average case mix scores as a function of these facility and resident variables. In these models, both the mean function relating functional status to the various predictor variables, and a variance structure detailing the correlation structure between repeated measurements on the same facility were specified.

A preliminary analysis of facilities suggests that overall case mix scores have not increased over the three year study period. In fact, the average age of residents appears to be the strongest predictor of case mix scores among all variables considered to date, with younger average resident age associated with higher case-mix scores. This finding is consistent with increased resident acuity as hospitals increasingly use nursing homes for post-acute care.

The Health and Functional Status of U.S. Veterans age 65+: Implications for Long Term Care Policy and Planning within the Veterans Administration

V.M. Villa and N. Harada

Veteran Identity Program, VA Greater Los Angeles Health Care System, Los Angeles, CA 90073

The purpose of this analysis is to document the level of health and functioning among United States Veterans age 65+ participating in the National Survey of Veterans in 1993, conducted by the Department of Veteran Affairs. The survey obtained information on the health status, economic status, and service use of 11,620 U.S. veterans. Utilizing descriptive and multivariate statistical techniques we examine the health status of Veterans age 65+ across three domains of health: self rated health, level of functioning i.e., activities of daily living (ADL), instrumental activities of daily living (IADL), and prevalence of acute and chronic diseases. The results indicate that nearly one-half of older veterans have high blood pressure and a heart condition, and nearly one fifth report having diabetes, cancer, lung and/or kidney disease. In terms of functional status, 37% of veterans ages 65-74 report difficulty with one or more IADL, while 47% of those ages 75+ report such difficulty. Additionally, among veterans ages 65-74, 45% report having difficulty with one or more ADL, and among those ages 75+, 52% have this level of difficulty. Poor health and functioning among older veterans is related to race/ethnicity (being African American or Latino versus White) and low socioeconomic status. This analysis suggests that over one-half of the community-dwelling veteran population report having health limitations that may result in the need for long term care services, providing justification for the current legislation in Congress that calls for the provision of long term care services to veterans with service connected disabilities.

Long Term Care Ombudsman Complaint Data Compared to Regulatory Survey and Complaint Findings and Corrective Actions

Kevin Borders, Kent School of Social Work, University of Louisville, Louisville, Kentucky, 40292. R. Huber, Kent School of Social Work, University of Louisville. H.W. Nelson, Towson University, Department of Health Science. F. E. Netting, Virginia Commonwealth University, School of Social Work.

The Older Americans Act of 1978 established the Long Term Care Ombudsman Program to investigate and challenge nursing home practices harmful to resident quality of life. These grass roots based programs have been portrayed in the literature as contributing to positive effects in America's long-stay facilities.

Nevertheless, critics argue that the program needlessly scandalizes nursing homes, by inflating complaints in order to increase its own public support and power.

To test the basic integrity of ombudsman whistleblowing, ombudsman complaint data was compared to 1996 survey deficiencies, abuse complaints, rule violations and sanctions for 173 of Oregon's 176 skilled and intermediate nursing facilities.

Findings revealed strong correlations between ombudsman complaint data and all external variables including: total survey deficiencies ($r = .31$, $p < .0001$) and total adult protective service abuse (APS) complaints ($r = .38$, $p < .0001$); between regulatory civil penalties and ombudsman dietary complaints ($r = .47$, $p < .0001$), and between ombudsman abuse referrals and APS substantiated abuse complaints ($r = .41$, $p < .0001$). Ombudsman program data were more strongly correlated with both state inspection data and APS data than were the latter two when compared to each other. (SRPP-18)

DESIGNING A CASE MIX CLASSIFICATION AND PAYMENT SYSTEM FOR RESIDENTIAL CARE FACILITIES IN MAINE

Catherine McGuire, Edmund S. Muskie School of Public Service, University of Southern Maine, Portland, Maine 10410

The implementation of Medicaid and Medicare case mix payment systems for nursing facilities has prompted interest in the feasibility of developing similar case mix methodologies for residential care facilities. This study reports on the results of a time study and the development of a case mix classification and payment system for Maine residential care facilities. Residential care facilities in Maine have been using a modified version of the MDS (MDS-RCA) for assessment and service planning since 1995. In the fall of 1999, a time study was conducted in Maine residential care facilities. Based on the results of the time study and the information from the MDS-RCA, a case mix classification system has been developed and is being implemented for payment purposes. A workgroup of representatives from the Maine Department of Human Services, residential care facilities and the University of Southern Maine have worked on the development of a system that meets the needs and circumstances of residents in residential care facilities.

PREDICTORS OF CHANGE FROM INFORMAL TO FORMAL SUPPORT AMONG DEPENDENT ELDERLY.

Dena J. Schulman-Green, Gerontology Center, University of Massachusetts Boston, Boston, MA 02125

Dependent elders may receive long-term care informally from family members and friends, or formally from public and private agencies. To date, the interplay between these types of care remains unclear. This study used longitudinal data from the Asset and Health Dynamics Among the Oldest Old (AHEAD) survey to investigate factors that may predict the switch from sole use of informal support to sole use or addition of formal support. Among the sample of 1,090 elders ($\bar{x} = 80$), 44% switched to no support, 50% retained informal care alone, and 6% added formal support. None switched from sole use of informal support to sole use of formal support. Logistic regression found that change from use of informal support to joint use of informal and formal support was strongly predicted by baseline level of functional disability, by changes in functional disability, and, to a lesser degree, by a change in the total number of medical conditions reported. The addition of at least one functional deficit was found to be even more predictive of the addition of formal care. No specific functional task or medical condition was found to account for the addition of formal care, suggesting that: 1) compromised functional ability leading to use of formal care is more general than specific in origin, and 2) overall health status is predictive of the need for formal care.

WHO PURCHASES LONG-TERM CARE INSURANCE: FACTORS IN THE PURCHASE OF PRIVATE LONG-TERM CARE INSURANCE

D. Lee, F. W. Porell, F. G. Caro, Gerontology Institute, University of Massachusetts, 100 Morrissey Blvd., Boston, MA 02125.

The purpose of this study is to investigate factors associated with the purchase of private long-term care (LTC) insurance using nationally representative data from the 1993 Asset and Health Dynamics Among the Oldest Old (AHEAD) (N=8,222). Multivariate logistic regression analysis were used to probe factors -- demographic, socio-economic status, health and functional status, living arrangement, knowledge of LTC and expectation-associated with the purchase of private insurance. According to estimation of statistical analysis, those who more educated, middle income group ($30,000-$50,000), higher asset groups, expecting to go to a nursing home, and expecting to exhaust savings for medical expenditures are likely to purchase LTC insurance. The results suggest that protecting assets and unavailability of informal care can increase the LTC insurance purchase. Also the present study findings conform to earlier research about "selectivity" in the purchasing LTC insurance.

SPANISH SOCIAL CARE SERVICES FOR THE ELDERLY PRESENT AND FUTURE OUTLOOK

J. Montoro Rodriguez, and M.A. Tortosa. Department of Sociology, Anthropology and Criminology. The State University of West Georgia. Carrollton, GA 30118.

Since last three decades Spain has experimented an important aging of the population. In 1998, about 16.2% of the Spanish population was 65 year old or more and it is estimated that they will be about 19% by the end of this year. Therefore, the demand of social services for aged people is expected to increase. This paper examines the present situation and future outlook of social services for the elderly in Spain. In particular we focus on nursing home use, day-care centers and in-home services. We examine the impact of the National Gerontology Plan of 1993 regarding the coordination and financing of services, and the increase in the quality of these services. Our findings indicate that even though many of the objectives have been achieved, still there are problems that need to be addressed. In fact, policy makers are already working on a new National Gerontology Program to study possible changes in the delivery and implementation of social care services for the elderly. We think that changes in the Spanish model of social services have to be made towards the model of "case management" as other European countries has done recently. Finally, we discuss the new initiatives that focus on the efficiency of services and the capacity of users to choose or select their own social services.

PREDICTORS OF LONG-TERM CARE SETTING: THE FLORIDA ELDER POPULATION PROFILES SURVEY

L. Polivka, B. Dunlop, M. Oakley, and E. Barrayo. Florida Policy Exchange Center on Aging, University of South Florida, USF #30437, Tampa, FL 33620.

The increase in public spending on long-term care has driven states to better understand the predictors of where elders receive care. This research study was completed for the Commission on Long-Term Care in Florida using a randomly selected, statewide sample of 2,216 long-term care recipients in home care, assisted living facilities (ALF), and nursing homes. Data were extracted from client charts: Minimum Data Set for nursing home residents and the Department of Elder Affairs' Uniform Assessment Instrument for home care and ALF residents.

The likelihood of being in a nursing home increased due to region of the state, age 85 or older, higher impairment plus living alone, and incontinence. The likelihood of being in an ALF increased for elders who had a prior stay in an ALF or nursing home, were 85 or older, had a level 3 impairment, and a prior hospital or ER visit. The likelihood of being in a publicly-supported home care program increased for elders who were not Caucasian, had a level 2 or 3 impairment, problems with mobility, were Medicaid eligible, and had a high use of medications.

These findings suggest that there is some rationale to the current pattern of matching long-term care needs with setting of care. Those with the greatest deficits are more likely to receive care in a nursing home or ALF than at home. At the same time, nursing homes and assisted living facilities are serving very similar populations so the more homelike social model of care provided in an ALF could be substituted for nursing home care given public financial support of this form of care.

THE PROJECTED IMPACT OF FALL INJURY INTERVENTION ON NURSING HOME UTILIZATION IN TAIWAN 1999 TO 2050

YJ Tsai

Department of Public Health and Policy, London School of Hygiene and Tropical Medicine, London WC1E 7HT, UK

The Taiwanese elderly 1988-1990 had an age and sex specific mortality of accidental falls about 1 4 to 2 1 times, though with an annual prevalence of fall about one-third, that of England and Wales 1990. The purpose of the present study was to project the impact of intervention programs of fall injury events (FIE) among the elderly on nursing home utilization in Taiwan from 1999 to

2050. The number of FIE preventable (N_{fp}) were got by multiplying the Population Projection of Taiwan Area 1998-2051 together with the age and sex specific incidence of FIE, the attributable fraction of FIE respectively to multi-factors, pathologic factors and environmental factors, and the preventable fraction of FIE targeting corresponding risk factors. The number of FIE preventable from admission to nursing home (N_{nh}) were estimated by multiplying into N_{fp} the age and sex specific proportion from fall injury to hospitalization, and that from hospitalization to nursing home. The corresponding expenditure spared from nursing home utilization were NT$ 0.5 billion for males and 1.1 billion for females in 1999, and would be respectively up to NT$ 27.3 billion and 98.4 billion in 2050.

THE BACKGROUND OF THE IMPLEMENTATION OF THE NEW PUBLIC LONG-TREM CARE INSURANCE SYSTEM AND THE SYSTEM'S EFFECTS ON JAPAN'S EXISTING LONG-TERM CARE SYSTEM

Hideo Koyama (The National Institute of Health Services Management,1-23-1, Toyama, Shinjuku-ku, Tokyo 162-0052, Japan)
Takako Tsutsui (The National Institute of Public Health, 4-6-1,Minato-ku,Tokyo,108-8638, Japan)
Tosio Tatara (Shukutoku University, 200Daiganji, Chuo-ku,Chiba,260-8701, Japan)

The establishment of Japan's new public long-term care insurance system, effective April 1, 2000 is reviewed by many experts as the largest reform of the social security system in Japan since 1961, when the national health insurance and pension system started.

The factors that have influenced policymakers, researchers, advocates and others to begin to seriously discuss ways to design a new public long-term care insurance system were numerous and very complex.
This presentation will examine some of the major factors that have prompted many concerned people to advocate the creation of a new publicly supported insurance program to ensure long-term care for the country's elderly people.

The factors to be examined in this presentations include: 1)the population statistics showing increases in the number of people with chronic illnesses, particularly among elderly people; 2)the common arguments where elderly people are accused of being responsible for increases in the cost of medical care mainly because of their frequent hospitalization and the healthcare system is being stretched their to it's limit and will soon be unable to function; 3)the ways in which the new long-term care insurance systems is likely to affect the Japanese economy; and several other factors.

THE METHOD OF MEASURING THE NURSING CARE NEEDS OF THE ELDERLY WITH THE APPLICATION OF A MATHEMATICAL MODEL IN JAPAN'S NEW PUBLIC LONG-TERM CARE INSURANCE SYSTEM.

Takako Tsutsui (The National Institute of Public Health,4-6-1,Minato-ku,Tokyo,108-8638, Japan)
Yoichi Seki (Gunma University, 1-5-1, tenjincyo, kiryu-shi,Gunma,376-8515, Japan)
Hideo Koyama (The National Institute of Health Services Management,1-23-1, Toyama, Shinjuku-ku, Tokyo 162-0052, Japan)
Tosio Tatara (Shukutoku University, 200Daiganji, Chuo-ku,Chiba,260-8701, Japan)

Central to Japan's new Public Long-Term Care Insurance System, which start on April 1, 2000 is the nursing care needs (as well as support services needs) of elderly people applying for benefits.

This computer-aided certification program has been developed with the use of a mathematical model, which made it possible to predict the length of nursing care time necessary for any elderly person using information about his/her characteristics. A study to estimate the number of nursing care hours needed for elderly people using information about their attributes was first performed in Japan by Tsutsui, the first author of this proposal, between 1991 and 1994.

In this study, Tsutusi developed a coding system, through which "quantification" of every type of nursing care became possible. Subsequently, the Japanese Ministry of Health and Welfare tested Tsutsui's model in their pilot project to measure the nursing care needs of elderly people, and after the model's showing of favorable results, decided to officially adapt the model. This presentation will focus on the background and process of developing the scientific foundation of Japan's new nursing care needs certification program.

INSURANCE COVERAGE OF WOMEN AGED 55 TO 64 AND 65 TO 74: ISSUES OF ACCESS.

C. Caffrey, Center for Policy Research, 426 Eggers Hall, Syracuse, NY 13244-1020

Women in later life, with their unique demographics and marital, employment, and health statuses are more susceptible to being uninsured or underinsured. This project uses a national database to compare women aged 55 to 64 with women aged 65 to 74 to see their varying demographics, health status, and insurance coverage. Overall, the two groups of women have similar characteristics. Each cohort member tends to be in a two-person household, white, high school educated, married, and unemployed. The two age groups on average reported their health as good to poor and said they had some physical limitations. Their insurance coverage varies greatly. The younger cohort members are more likely than the older cohort members to be uninsured, and unlike the older women, they have little usage of public forms of insurance. The older cohort, on the other hand are more underinsured; they must rely on two forms of insurance to cover their medical needs, usually private and public forms, but many only have public coverage. Insurance access issues for these women are rooted in a system that provides insurance coverage primarily through work and marital status. This paper advocates for reform to increase access to private forms of insurance for both the younger and older cohorts.

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PRESIDENTIAL HUMANITIES AND ARTS COMMITTEE SPONSORED VALUES SYMPOSIUM: REFLECTION, CREATIVITY, AND SPIRITUALITY AT THE END OF LIFE

P. G. Clark, Program in Gerontology and Rhode Island Geriatric Education Center, The University of Rhode Island, Kingston, RI 02881, organizer.

PARTICIPANTS

G. D. Cohen (Center on Aging, Health, & Humanities, George Washington University, Kensington, MD 20895) Creativity in End of Life Care.

K. B. Mascagna (The Connecticut Hospice, Branford, CT 06405) Creativity at the End of Life: Translating and Celebrating a Life.

J. L. Person (Hospice for the Carolinas, Cary, NC 27519). Live a Full Life--Leave a Legacy.

J. R. Miller (Weyker Program in Thanatology, The University of Rhode Island, Kingston, RI 02881) Mobilizing Partnerships for Spirituality in End of Life Care.

DISCUSSANT

A. Sherman (Consortium of New York Geriatric Education Centers, New York University, New York, NY 10012)

Through the media and foundation-funded programs, increased national attention has recently been focused on end of life care issues. However, the interface between gerontology and thanatology is seldom explored at national aging conferences. This symposium utilizes approaches drawing on the arts and humanities to create a dialogue on this common ground. Importantly, the arts and humanities can provide both insight into and understanding of the critical values and value dilemmas associated with death and dying. This symposium surveys recent national projects highlighting the importance of integrating artistic and humanistic approaches and programs into the final stage of life. Included are concepts of life stories and legacies, reflection and creativity, and transcendence and regeneration. Methods presented involve videotaping, photography, literature, arts and crafts, and life stories. Recommendations for replicating programs and mobilizing networks are discussed. Overall, the focus is on promoting greater reflection on important human values at the end of life and how approaches from the arts and humanities can enrich, enhance, and enliven our understanding of the final stage of life for older adults.

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FROM GENES TO THERAPY FOR HEALTHY AGING

J. Wei (Dept. of Medicine, Beth Israel-Deaconess Medical Center, Boston, MA 02215)

PARTICIPANTS:

T. Perls (Harvard Medical School). Centenarians and the Genetics of Longevity.

K. Khrapko (Harvard Medical School). Age-Related Mitochondrial DNA Changes.

J. Aiken (University of Wisconsin). Caloric Restriction and Healthy Aging.

J. Isner (Tufts University Medical School). Enhancement of Circulatory Health.

H. Blau (Stanford University). Innovations in Gene Therapy.

In this symposium, research efforts on aspects of genetics and gene expression related to healthy aging, and the associated therapies for promoting health and treating/preventing disease will be discussed. The role of genes and genetics in healthy aging will be one focus, as will current and future advances in the field gene therapy. A second focus of the presentations will involve age-related alterations in the integrity of mitochondrial DNA and how the age-retarding treatment of caloric restriction affects mitochondrial function in skeletal muscle.

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STUDYING AGING WITH ANIMAL MODELS: THE PAST, PRESENT, AND FUTURE.

A. Richardson (Aging Research & Education Center, University of Texas Health Science Center at San Antonio, San Antonio, TX 78229).

PARTICIPANTS:

E. Masoro (Dept. of Physiology, University of Texas Health Science Center at San Antonio). What have we learned about aging from past studies of rodents?

R. Miller (Dept. of Pathology, Geriatrics Center & Institute of Gerontology, University of Michigan). Identifying genes associated with extended longevity in rodents.

A. Richardson (Aging Research & Education Center, University of Texas Health Science Center at San Antonio). The Use of Transgenic and Knockout Mice to Study Aging.

S. Austad (Dept. of Biological Sciences, University of Idaho). Nontraditional but Highly Useful Vertebrate Models for the Study of Aging.

This symposium will give an overview of the past, current, and future contribution of vertebrate animals to the study of aging. Past work with laboratory rodents, particularly using the caloric restriction paradigm, has given researchers a detailed phenotype of retarded aging. Current rodent work involves understanding the genes associated with segregating variation in age-associated diseases and longevity, as well as the study of single gene mutants with extended life. In addition, genetically engineered mice are now be created to examine specific mechanistic hypotheses about fundamental aging processes. A small number of nontraditional genotypes and species from among vertebrates are also being developed for aging studies because of specific advantages they possess over more traditional species.

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NURSING HOME RESEARCH: STRATEGIES TO MEET THE CHALLENGES

E. Souder, M/S Slot 784, University of Arkansas for Medical Sciences, 515 W. Markham Street, Little Rock, AR 72205

PARTICIPANTS:

E. Souder & P. O'Sullivan(University of Arkansas for Medical Sciences) Research with the elderly: What's unique in the nursing home setting?

D.L. Algase & E.R.A. Beattie (School of Nursing, University of Michigan, Ann Arbor, MI 48109) Where Have All the Subjects Gone? Maximizing Yield From Informed Consent Procedures.

J. Uriri, C.G. Rapp, C.Beck (University of Arkansas for Medical Sciences) Interventionists in Nursing Home Research: A Comparison of Endogenous and Exogenous Staff

E.S. McConnell (Duke University School of Nursing Box 3322 DUMC, Durham, NC 27710 and Durham VA GRECC) Clinical Research in Nursing Homes: The Role of Intervention Development Studies.

G. J. McDougall (University of Texas at Austin, School of Nursing, Austin, TX 78701) Nursing Homes as Laboratories: Space and Logistical Aspects of Cognitive Aging Research.

DISCUSSANT:

C. Beck (University of Arkansas for Medical Sciences, Little Rock, AR 72205)

When researchers enter the nursing home, even with the best-laid research plans, they encounter unanticipated difficulties. While these challenges may discourage researchers, there are ways to negotiate this system that differ from traditional ways. The symposium will identify and describe problems encountered and discuss strategies that nurse researchers have used successfully in their funded nursing home research projects.

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IMPROVING END-OF-LIFE CARE: NURSING HOMES, ASSISTED LIVING, AND TRANSITIONS FROM NURSING HOMES TO HOSPITALS

Mathy Mezey, New York University, Division of Nursing, 429 Shimkin Hall, 50 West 4th Street, New York, NY 10012.

PARTICIPANTS:

Mathy Mezey (New York University, Division of Nursing, 429 Shimkin Hall, 50 West 4th Street, New York, NY 10012) Practice Improvement Clusters (PICs) to Improve End-of-Life Care in Nursing Homes.

Carol Hegemann & Gerald Kaufman (Foundation for Long Term Care, 150 State Street, Suite 301, Albany, NY 12207) Factors Affecting Quality of End-of-Life Care in New York State Nursing Homes: The Family/Friend Perspective.

Carol Hegemann & Gerald Kaufman (Foundation for Long Term Care, 150 State Street, Suite 301, Albany, NY 12207) Factors Affecting Quality of End-of-Life Care in New York State Nursing Homes: The Nursing Home Perspective.

Ethel Mitty (New York University, Division of Nursing, New York, NY 10012) End-of-Life Planning and Care in Assisted Living Facilities (ALF).

Tara Cortes, Marilyn Lopez, Maureen Ross & Sharon Wexler (The Mount Sinai Hospital, One Gustave Levy Place, New York, New York, 10029) Evaluation of a Practice Improvement Cluster (PIC) to Improve Care of Older Adults.

DISCUSSANTS:

Charlene Harrington (University of California at San Francisco, School of Nursing, 521 Parmassus N631, San Francisco, CA 94143)

Staff at hospitals, nursing homes and assisted living facilities want to improve the care they give to patients/residents at the end-of-life but lack exposure to models and regional resources for implementing such care. Moreover, these institutions often work in isolation and, thus, lack the support to implement changes that can improve care. Symposium will discuss 1.) How the creation of regional practice improvement clusters (PICs) that consist of nursing homes partnered with regional resource experts in palliative and end-of-life care improves quality of care at the end-of-life. 2.) Findings from a survey that captures the perspective of 100 family/friends of residents who recently died in New York State nursing homes. 3.) Findings from a survey that identifies components of care that have the most negative impact on the quality of death for nursing home residents. 4.) Barriers to advance directive execution and barriers to end-of-life care in assisted living facilities, and 5.) Enhancing nurse to nurse communication as a means to improving care of older people as they transfer between hospitals and nursing homes.

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FUNCTIONAL IMPAIRMENT AND BODY CELL MASS REDUCTION ARE ASSOCIATED IN NURSING HOME OLDER RESIDENTS

G. Zuliani, F. Romagnoni, S. Volpato, R. Fellin
Department of Clinical and Experimental Medicine, Section of Internal Medicine II, University of Ferrara, Italy

The evaluation of nutritional status is one of the primary components of multidimensional geriatric assessment. We investigated the relationship between some markers of malnutrition, and the 2 years modifications in functional status, in a sample of 124 nursing home older residents who were independent in at least 2 ADLs at baseline. Deteriorating functional status (≥ 2 additional lost ADLs) was associated with baseline albumin levels (III vs I tertile OR: 0.16), and subscapular skinfold thickness (III vs I tertile: OR: 0.06). The odds ratio for increasing disability was over 4 in subjects with decreasing body cell mass (BCM) compared to subjects with stable BCM, after multivariate adjustment. A stepwise dose-response relationship between the BCM reduction and the decline in functional status was observed (test for trend p: 0.003). Our results suggest that 1) signs of malnutrition come before and seem to predict the worsening in functional status, and 2) BCM declines proportionally to the loss in ADLs, suggesting the existance of a relationship between BCM loss and the deterioration of functional status.

NIGHTLY ENTERAL NUTRITION SUPPORT OF THE ELDERLY HIP FRACTURE PATIENTS

D. H. Sullivan, M.D., M. M. Bopp, John L McClellan Memorial Veterans' Hospital, GRECC (182/LR), 4300 West 7th Street, Little Rock, AR 72205.

A randomized controlled trial was used to test the efficacy of aggressive post-operative enteral nutrition support to decrease post-operative complications or improve long-term survival in elderly patients who sustained a hip fracture requiring surgery. Fifty-seven patients were randomized to the treatment (Tx, n=27) or control (Ctrl) groups. The Ctrl group (mean age 82 ± 8 yrs) received standard post-op care. The Tx group (age 76 ± 8 yrs) received 125 cc/hr of nasoenteral tube feedings over 11 hours each night. Both groups had reduced volitional nutrient intakes for the first 7 post-op days (958±482 vs 991±371 Kcal/d, p=0.782), but the Tx subjects had a greater total nutrient intake (1311±430 vs. 991±371 Kcal/d, p=0.004). There was no difference between the groups (Tx vs Ctrl) in the rate of post-op complications (14.8 vs 13.3%, p=0.872), in-hospital mortality (7.4 vs 0%, p=0.129), or mortality within six months subsequent to surgery (14.8 vs 20%, p=0.607). This study failed to confirm pilot study findings of improved survival with nutrition support. However, it was conducted on multiple hospital wards which resulted in a higher rate of tube-related problems and less nutrient delivery signifying the need for further study.

NUTRITION CORRELATES OF FUNCTIONAL DISABILITY AMONG AT-RISK COMMUNITY-LIVING OLDER ADULTS

J.R. Sharkey and P.S. Haines, Department of Nutrition, University of North Carolina at Chapel Hill School of Public Health, CB#7400, Chapel Hill, NC 27599-7400.

Although subgroups of community-living older adults have been shown to be at increased risk for poor nutrition and functional disability, there is limited understanding of the correlation between the risk factors for poor nutrition and disability. We examined the data (NSI Checklist, ADL, IADL, and demographic) routinely collected by a North Carolina service provider on 98% (n=1,004) home-delivered nutrition participants ≥ ages 60 years (mean age 78.6, 54% white, 73% female, 55% live alone, 67% report economic need, 69% high nutritional risk, 34% selfcare ADL, and 99% IADL). Of the 10 nutritional risk factors (multiple logistic model), use of ≥ 3 medications (OR 2.13, $p<0.000$), unintentional weight change (OR 1.44, $p=0.018$), and some physical difficulty with shopping or cooking (OR 3.53, $p=0.001$) were correlated with selfcare ADL. The only demographic correlate was gender (female, OR 1.53, $p = 0.009$). In this sample, the food/dietary items traditionally associated with poor nutrition were not correlated with disability. Neither were race, living arrangement, age, and economic need. Further study is required to understand the effect of nutritional status on the disablement process, with the main goals of prevention of functional decline and maintenance of functional independence.

VARIATIONS IN DIETARY PATTERNS OF RURAL AFRICAN AMERICANS, NATIVE AMERICANS, AND WHITES IN NORTH CAROLINA.

S.A. Quandt, M.Z. Vitolins, R.A. Bell, T.A. Arcury. Dept. of Public Health Sciences, Wake Forest University School of Medicine, Winston-Salem, NC 27157.

Ethnic minorities are at increased risk for diet-related chronic diseases. This may be exacerbated in rural communities by constraints on accessing a high quality diet due to poverty and structural barriers such as transportation. We report food patterns of a representative sample of 130 adults ≥70 years in two rural communities in North Carolina. The sample was African American (34%), Native American (30%), and white (36%). Block food frequencies questionnaires were orally administered by trained interviewers to elicit usual diet. Food group patterns were calculated using the DIETANAL software; ethnic differences in food group patterns were assessed using the ANOVA statistical procedure. Overall, African Americans consumed fewer servings/day of vegetables and protein-rich foods (3.1 and 1.5/day, respectively) compared to Native Americans (3.6 and 2.0/day) and whites (4.8 and 2.3/day). Fewer African Americans consumed at least five servings of fruits and vegetables per day, compared to whites (70.5% vs. 93.6%); consumption by African Americans was similar to Native Americans (74.4%). Among African Americans, men consumed even less fruits and vegetables than women. These data indicate ethnic differences in food consumption and nutritional risk. Health professionals should target high risk groups for interventions. (NIH AG13469)

Macronutrient Intake in a Free-living Elderly Population Over 5 years. Joan Pleuss, RD, E Burns, MD, E Duthie, MD, J Smith, MA, R Fleming PhD, C Williams, PhD, L Sheldahl, PhD, J Rudman RPT. General Clinical Research Center, Medical College Wisconsin at Froedtert Memorial Lutheran Hospital, Milwaukee, WI 53226.

Three-day food records done biannually for 5 years by free-living older men (n=141) and women (n=111) were analyzed using the Minnesota Nutrition Data System. The women on estrogens (ET, n=52) were analyzed separately from those not on estrogens (NET, n=59). Mean calorie intake decreased in men (p=0.0001) and NET (test of trend, p=0.01). Protein intake did not change while fat intake as percent of calories decreased in the men (p=0.0001) and NET (p=0.02). Percent of calories from carbohydrate increased in the men (p=0.0007) and ET (p=0.0005). Dietary fiber intake increased for the men (p=0.02) and ET (p=0.0002). Alcohol intake decreased significantly in all women (p=0.001).

Nutrient	Men	ET	NET
Calories	-8.8%	-8.3%	-8.0%
Protein	+0.55%	+0.60%	+0.53%
Fat	-1.91%	-2.14%	-0.88%
CHO	+1.92%	+4.47%	+0.79%
Alcohol	+0.05%	-15.2%	-19.2%
Fiber	+1.1%	+14.5%	-1.4%

Body weight did not change but there was a significant increase in percent of body fat measured by dual x-ray absorptiometry (men: 27.1% ± 6.3 to 28.6% ± 5.9; ET, 42.3% ± 5.8 to 44.3% ± 6.7; NE, 43.8% ± 6.0 to 47.5% ± 6.8; p<.001). The data suggest that elderly free-living healthy individuals decrease their calorie intake by reducing dietary fat and alcohol and by increasing carbohydrate and fiber. Increases in body fat occurred despite these dietary trends suggesting that non-dietary factors may have stronger effects on body composition with age.

6-MONTH FUNCTIONAL OUTCOME OF LOW DOSE RECOMBINANT HUMAN GROWTH HORMONE TREATMENT FOR MALNOURISHED GERIATRIC PATIENTS - A RANDOMIZED CONTROLLED TRIAL

LW Chu, KSL Lam, SCF Tam, W Hu, SL Hui, A Chiu, KC Chiu, P Ng
Division of Geriatric Medicine, University Department of Medicine, Queen Mary Hospital, University of Hong Kong, 102 Pokfulam Road, Hong Kong SAR

High dose recombinant human growth hormone (rhGH) has been shown to improve nutritional status of malnourished older adults. It is uncertain whether low dose rhGH is effective and whether its effect on nutritional status will lead to a sustained improvement in physical function or not. The objectives of the present study were to determine the efficacy of low dose rhGH in treating malnourished elderly patients and its effect on physical functions. 17 stable malnourished elderly subjects were randomized to receive either low dose rhGH or placebo. In the rhGH group, rhGH (Saizen®) 0.09 iu per kg BW 3 times weekly were given. In the placebo group, normal saline was given. There was no statistically significant difference in baseline variables between the two groups. The GH treated group showed a more rapid gain in body weight (after 3 weeks: +1.43 ± 0.37 vs. -0.40 ± 0.59 kg; p 0.004, t-test), total lean body mass (change after 3 weeks by bio-impedance analysis: +1.61±0.37 vs. -0.50 ±0.52 kg; p 0.006, t-test) and a faster improvement in 5-meter walking time (decrease after 4 weeks: 26.32±10.28 vs. 0.45±4.02 sec; p 0.045, t-test) compared to the placebo group. The haemoglobin and serum albumin levels rose more rapidly in the GH group. These improvements were still present, though to a smaller extent, for up to 5 months of follow up after stopping rhGH. There was no GH-related adverse effects.

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Behavioral Program for Urinary Incontenence (UI)

B. Callen, T. Wells, S. Hughes, School of Nursing, University of WI-Madison, 600 Highland Ave, Madison, WI 53792
C. Brink, N. Watson, R. Mayer, J. Zimmer, University of Rochester, Rochester, NY 14642

A secondary analysis examined the impact of a behavioral program in community-living older women (N=197) with urinary incontinence (UI). Three behaviors that can impact UI (toileting, fluid and caffeine intake) were targeted for behavioral modification. The aims of this project were to evaluate a non-surgical treatment of UI and frequent voiding (dysfunctional voiding).

Methods: In a randomized clinical trial, 135 women aged 55-90, (mean 70.99, SD 8.39) completed screening and were randomized to two groups. One group received 8 weeks of a basic behavioral program. After 4 weeks of delay, the second group began 4 weeks of the behavioral program. The goals of basic behavior training were 1) toileting frequency between 2-3 hours while awake, 2) fluid intake between 48-80 oz. or 6-8 cups, per day, and 3) caffeine limited to 250 mg per day.

Results: Of those entering treatment, 60 (44.4%) needed to change one behavior, 68 (48%) needed to change two behaviors and 9 women (6.7%) needed to change all three behaviors. High caffeine intake was a problem for 18 women (13.3%), high or low fluid intake was a problem for 66 (48.9%) and, as expected, toileting was a problem for all the women in the sample. Complexity of behavior change needed will be discussed by pattern, severity and correlates, including wetting frequency and severity.

Conclusions: Understanding patterns of risk factors will help us tailor interventions to reduce the impact of UI in the lives of older women.

INTERDISCIPLINARY BLADDER MANAGEMENT PROGRAM IN ADULT CARE HOMES: PUTTING KNOWLEDGE INTO PRACTICE

J.E. Kincade, A.R. Bovington, J. Busby-Whitehead.
School of Medicine Program on Aging and School of Nursing, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599

More than 34,000 North Carolinians live in Adult Care Homes; 40% have urinary incontinence and many others require assistance with toileting. The goals of this project, a joint effort between the NC Division of Social Services and an interdisciplinary team from the UNC-CH Schools of Medicine and Nursing, were to develop, implement, and disseminate a bladder management program specifically designed for residents in Adult Care Homes. The bladder management program was presented to home operators and staff and to case managers assigned to participating homes through workshops and in-service education. Changes within the homes were approached on two levels, i.e. facility level and resident level. The facility level approach focused on care delivery activities (e.g., increasing fluid and fiber intake, decreasing caffeine intake, and removing physical barriers to toileting). The resident level approach focused on assessment and management of bladder control problems of individual residents. Monthly on-site consultation made the information relevant and practical for staff with little or no formal education. Statewide dissemination, a collaborative effort involving the NC Division of Social Services, county Departments of Social Services, Home Health Agencies, AHEC, and UNC-CH, can serve as a model for dissemination of similar programs to Adult Care Homes.

VISUAL IMPAIRMENT IN FRAIL ELDERLY OUTPATIENTS. BK Keller MD*, JF Potter MD*. Section of Geriatrics, University of Nebraska Med. Ctr, 985620 Nebraska Medical Center, Omaha, NE 68198-5620.

Problem: Visual acuity (VA) worsens with aging, but less is known about other aspects of vision in frail elders with dementia and high burden of illness. This study describes the performance of frail elders on testing of VA, contrast sensitivity (CS), glare, depth and color perception. **Methods:** Between July 1994 and December 1999, 423 of 688 consecutive pts. seen in an Outpatient Geriatric Assessment Clinic agreed to participate and complete visual assessment. **Measurements:** Subjects were screened for VA, CS, glare disability, color and depth using the Optec-3000. CS was also tested with the Pelli-Robson Chart. Cognition was assessed with the

mini-mental state examination (MMSE.) Prevalence of visual impairment was assessed for the total sample population, as well as in 3 groups divided by MMSE score: 24+(intact),18-23(mild), <=17(moderate).
Results: Near VA was impaired in over 50% of subjects. All Mean values for CS were below that expected for subjects age 60-69 years. Over 60% showed impairment in CS. Approximately one-third of subjects had reduced glare tolerance. 40% demonstrated reduced depth perception. 35% had reduced color perception. Subjects with worse MMSE scores had a statistically significant higher proportion with visual impairment for all tests than those with normal cognition.**Conclusion:** Poor vision is common in this frail population and those with cognitive loss are more likely to display problems with vision performance. The impact of visual disability on ADL's warrants more study. CM-21

EFFECT OF VISION STATUS ON BEHAVIOR DISTURBANCE IN NH RESIDENTS WITH DEMENTIA. BR Connell, ES McConnell, G Mancil, T Coombs. Rehab R&D Center, Atlanta VAMC, Atlanta GA 30033; GRECC, Durham VAMC, Durham NC 27705; Vision Research, Salisbury VAMC, Salisbury NC 28144; Duke School of Nursing, Durham NC 27710.

The effect of vision loss on behavior disturbance among NH residents with cognitive impairment is poorly understood. Vision and cognitive impairment were hypothesized to have independent and interactive effects on behavior disturbance in NH residents with dementia. The sample of 139 NH residents was moderately to severely demented (MMSE mean/SD = 12/8) and many were vision impaired (75% with acuities worse than 20/50; 70% with moderate to severe contrast sensitivity impairment). Cohen-Mansfield Agitation Inventory (CMAI) scores suggest relatively low levels of 3 types of behavioral disturbance - physical agitation, verbal agitation, and physical aggression. Multivariate analyses indicate that vision status had a small but significant effect on physical agitation. There was no interaction between cognition and vision. Vision and cognitive impairment influenced physical agitation through their independent effects on ADL and mobility dependence. Cognition also directly affected agitation. Vision did not. Interventions that target visual and cognitive functioning in ADLs and mobility may have a positive effect on behavior disturbance.

VISION SPECIFIC HEALTH RELATED QUALITY OF LIFE IN SEVERE AGE RELATED MACULAR DEGENERATION PATIENTS. K. Scilley, D. DeCarlo, C. Owsley. Departments of Ophthalmology and Optometry, University of Alabama at Birmingham, Birmingham, AL 35294-0009
Age-Related Macular Degeneration (AMD) is the leading cause of irreversible blindness with 1 in every 5 persons over 65 diagnosed with AMD. The National Eye Institute Visual Function Questionnaire (VFQ) was designed to assess the functional, emotional, and social disability related to vision for persons with common chronic eye conditions, including AMD. There have been no published reports on the use of the questionnaire with severe AMD patients. Therefore, the purpose of this study was to examine its use with severe AMD patients. The VFQ was administered via the telephone to 130 AMD patients (mean age 80, SD 8) who had visited a low vision clinic in the last year. Visual acuity was measured using the Feinbloom visual acuity charts. Additional information was collected on demographic, cognitive status, and medical and ocular conditions. In this study we examine the relationship between self-reported visual functioning and visual acuity in the better and worse eyes. VFQ subscale scores for severe AMD patients were compared to scores received by those with less severe AMD reported in other published studies. Spearman correlations were conducted to assess the relationship between better eye visual acuity and VFQ subscales. Seven of the 12 subscales were moderately correlated at the .05 significance level, including color vision (.18), distance visual acuity (.29), driving (.33), general vision (.19), near vision (.27), role difficulty (.28), and social functioning (.26). Visual disability among severe AMD patients, as measured with the VFQ, was worse compared to the scores received by less severe AMD patients. These results suggest the VFQ may be useful in evaluating the visual severity and functional disability experienced by those with severe AMD.

NEWONSET URINARY INCONTINENCE AMONG HOSPITALIZED ELDERS

D.M. Kresevic, University Hospitals of Cleveland, 11100 Euclid Avenue, Cleveland Ohio 44106, C. Burant , Case Western Reserve University, Cleveland, Ohio 44106

Urinary incontinence (UI) is a frequent problem reported by elders in all care settings. Loss of function including continence has been found among acutely ill hospitalized elders. However newonset urinary incontinence that develops during hospitalization has been little studied. The purpose of this study was to identify risks factors associated with newonset urinary incontinence. Data were collected from a prospective study to investigate the effects of a patient centered multidisciplinary intervention on function among hospitalized elders. A total of 1632 patients age 70 years and older admitted to a short stay hospital for an acute medical illness were screened. Prevalence for incontinence (chronic) at the time of admission was 47%. Incidence for new onset UI was 12%. Individuals with chronic UI were more likely to be dependent in ADL, O.R. 1.80 (1.01-3.72), C.I. 95%) (.047) and ambulation, O.R. 2.85 (1.53-5.30), C.I. 95%) (.001), than those individuals who were continent on admission. Individuals who developed UI during hospitalization were more likely to be dependent in ADL on admission than those individuals who remained continent, O.R. .37 (.21-.65), C.I. 95%), (.0005). Malnutrition and depression although not significant risk factors were more often associated with individuals who developed UI versus those who did not. Over 60% remained incontinent at 3, 6 and 12 months post hospitalization. Strategies to prevent newonset UI during hospitalization must include interventions to restore independent ADL as well as address nutrition and mood. The majority of newonset UI, if untreated may likely progress to chronic UI.

EXERCISE ADHERENCE AND IMPACT ON OLDER PEOPLE: PROJECTS AT THE MIDWEST ROYBAL CENTER FOR HEALTH MAINTENANCE

S. Hughes, Center for Research on Health and Aging, University of Illinois at Chicago, 850 West Jackson, Suite 400, Chicago, IL 60607.
PARTICIPANTS:
S. Hughes, R. Seymour, N. Pollak, G.M. Huber, L. Sharma, R.T. Campbell, M. Angiollilo (Center for Research on Health and Aging, University of Illinois at Chicago, Chicago) Exercise Adherence and Outcomes among Persons with Osteoarthritis.

T. Heller, K. Hsieh, J. Rimmer. (Rehabilitation Research and Training Center on Aging with Mental Retardation, University of Illinois at Chicago, Chicago) Social-Environmental and Cognitive Factors Promoting Exercise Adherence among Adults with Down Syndrome.

C.J. Johnson, T.R. Prohaska, J.S. Warren. (Center for Research on Health and Aging, University of Illinois at Chicago, Chicago) Compliance to a Community-Based Exercise Program in Older Persons with Multiple Chronic Illnesses.

J.H. Rimmer, B.B. Riley. (Center on Health Promotion Research, University of Illinois at Chicago, Chicago) Feasibility of Assessing the Physical Activity Patterns of Older Persons with Disabilities and Chronic Health Conditions.

DISCUSSANT:

A. Jette. Sargent College, Boston University, Boston.

Although exercise interventions have demonstrated short term benefits among older people, little evidence exists concerning impact on long term adherence and containment of disability. The Midwest Roybal Center for Health Maintenance was funded by the National Institute on Aging to investigate this important issue. Four randomized trials are currently underway with different subgroups of older people, including persons with lower extremity osteoarthritis, adults with Down Syndrome, persons with multiple chronic illnesses, and persons with advanced disability due to chronic disease. Despite differences in target populations, all four studies include health education components which apply Prochaska's stages of change model and Bandura's social cognitive learning theory to promote adherence to exercise. All four trials are collecting similar outcome data, including repeated measures of exercise efficacy and adherence and short and long term outcomes. Outcomes being assessed include self reported functional status (WOMAC, ADLs, IADLs) and observed measures (timed stand, 6-minute walk). The design and current status of each trial will be described and implications for the field will be discussed.

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WHO IS RESPONSIBLE FOR HEALTH INSURANCE, RETIREMENT SECURITY AND LONG TERM CARE? RESOLVING THE PUBLIC/ PRIVATE DEBATE

M.Hardy and J.Quadagno, Pepper Institute on Aging and Public Policy, Florida State University, Tallahassee, FL 32306

PARTICIPANTS:

L.Hazelrigg and M. Hardy (Pepper Institute, Tallahassee) Why Do Some People Save More Than Others?

S.McDonald, J.Quadagno and M.Cowart (Pepper Institute, Tallahassee) Gender Inequality in Access to Health Insurance: The Consequences for Midlife Women.

M.Harrington Meyer (Department of Sociology, Syracuse University, Syracuse, NY 13244) Nursing Home Discrimination Against Medicaid Applicants: Shifting Care Work Back to Families.

D.Street, (Pepper Institute, Tallahassee) The Changing Public/Private Mix: Pensions and Health Care in Canada, Great Britain and the U.S.

There are currently conflicting trends in public policy. On the one hand, responsibility for financing retirement, health care and long term care is shifting from the public sector to individuals and families. People are being encouraged to finance more of their own retirement and to purchase private insurance for long term care. There are also proposals to raise the age of eligibility for Medicare to 70, which would increase the number of years the health care of older people is financed by private insurance. On the other hand, there are proposals to allow people aged 55-64 to purchase Medicare. There is also increasing government intervention in private sector benefits in the form of regulation and tax incentives. This symposium discusses the changing mix of public and private provision and evaluates the consequences for inequality among the aged.

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CHRONIC CARE NETWORKS FOR ALZHEIMER'S DISEASE: EVALUATION METHODS AND INITIAL FINDINGS

K. Maslow, Alzheimer's Association, 1319 F St. N.W., #710, Washington DC, 20004

PARTICIPANTS:

K. Maslow and J. Selstad (Alzheimer's Association and National Chronic Care Consortium, Washington DC 20004 and Minneapolis, MN 55425) Project Overview

C.C. Schmitz (Professional Evaluation Services, Minneapolis, MN 55414) Evaluating Local Partnerships in Dementia Identification, Assessment, and Care

B.K. Peters & D.M. Bass (Benjamin Rose Institute, Cleveland, OH 44114) Evaluating Project Protocols

M.G. Luxenberg, and A.M. Kavanaugh (Professional Data Analysts, Inc., Minneapolis, MN 55414) Evaluating Patient and Family Characteristics and Service Use

DISCUSSANTS:

M.A.Skalny (Alzheimer's Association, Rochester, NY 14617)

J. Dolloff (Centura Health/Senior Life Center Services, Denver, CO 80204)

Chronic Care Networks for Alzheimer's Disease (CCN/AD) is a joint project of the Alzheimer's Association and the National Chronic Care Consortium. The project is intended to improve outcomes for people with Alzheimer's disease and other dementias and their families by integrating medical and supportive services.

A model of integrated care was developed by health care and social service professionals and Alzheimer's Association chapter staff in seven participating sites and is now being implemented in those sites. The model is strongly clinically driven and is intended to be flexible enough to work in the different health care systems and chapters in the seven sites. At the same time, all the participants recognize the need for a rigorous evaluation to test the feasibility and effectiveness of the model

In this symposium, the CCN/AD project directors will describe the project goals, model, and current status, but the main focus will be on the methods that are being used to evaluate the project and the findings to date. Members of the evaluation team will discuss the difficult issues they have faced in balancing scientific needs and clinical concerns in the evaluation and methods they have used successfully to resolve those issues. The discussants will react to the presentations from a clinical perspective, focusing on the positive and negative aspects of participating in the evaluation while simultaneously trying to change their local systems of care.

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AGING, CULTURAL DYNAMICS, AND INDIAN COUNTRY: PRACTICE IMPERATIVES.

L.D. Carson, and J.N. Henderson, Box MDC56, University of South Florida, Tampa, FL 33612.

PARTICIPANTS:

L.D. Carson (Univ. South Florida, Tampa, FL 33612) The Cultural Construction of Diabetes Mellitus among Oklahoma Choctaw Elders: Health Care Provider Perspectives.

J.N. Henderson (Univ. South Florida, Tampa, FL 33612) Native American Community Health Representatives: Very Low Scores on Alzheimer's Disease Knowledge Test.

E.E. Chapleski (Wayne State Univ., Detroit, MI) Subjective Health, Community and Culture as a Predictor of Change in Health and Function of Great Lakes American Indian Elders.

C. Lowery (Univ. of Wisconsin Milwaukee, Milwaukee, WI 53201) An Ethnographic Study of Cultural Change as Off-Reservation Retirees Returned to Seama, New Mexico.

C. Hennessy (Centers for Disease Control and Prevention, Atlanta, GA 30341) and R. John (Univ. of Louisiana, Monroe, LA 71209) Impairment in Physical Functioning among Navajo Indian Elders.

DISCUSSANT:

J. Kramer (Geriatric Research, Education and Clinical Center, Sepulveda,Veterans Administration Hospital, Sepulveda, CA 91343)

Longevity in today's Indian Country makes aging an imperative topic. This symposium presents research on health and well-being in the context of the sociocultural "lived experience" in Indian Country. Qualitative and quantitative research is presented here which provides a high reality-quotient much needed in Indian Country research. Specifically, diabetes explanatory models, Alzheimer's disease knowledge, migration stress effects, health self-report in cultural context, and impairment in physical function are presented from gerontologic research inside Indian Country.

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Memory and Cognition: Methodological and Theoretical Advances in Belief System Research.

S. Kwon, Humboldt University Berlin, Institute for Rehabilitation Sciences, Luisenstr. 50, 10117 Berlin, Germany.

PARTICIPANTS:

S. Kwon[1] & K.M. Neher[2] ([1]Humboldt University Berlin, Institute for Rehabilitation Sciences, Luisenstr. 50, 10117 Berlin, Germany, [2]Freiberger Foundation, Kirchstr. 13, 10557 Berlin, Germany) Esse est percipi: Control Beliefs and Cognitive Training Performance in Community-Dwelling Elderly.

G.J. McDougall[1] & S.Ide[2] ([1]University of Texas at Austin, School of Nursing, Austin, TX 78701, [2]Health Sciences University of Hokkaido, School of Nursing, 1757 Tobetsu, Hokkaido, Japan) Subjective and Objective Memory Improvement in Octogenerians.

M.J. Gilewski & E.M. Zelinski (Andrus Gerontoloy Center, University of Southern California 90089-0191) A Rasch-Scaled Brief Version of the Memory Functioning Questionnaire.

R.L. West (Institute on Aging, P.O.Box 100177, University of Florida, Gainesville, FL 32610-0177) Goal-Setting and Memory: Motivating Older and Younger Adults to Higher Performance.

J.M. Berry, D.S. Bryant, A. Sagerman & D.L. Welsh (Department of Psychology, University of Richmond, Richmond, VA 23173) Do We Know What We Knew as Well as We Knew What We Knew When We Were Younger?

DISCUSSANT:

J.C. Cavanaugh (University of Delaware, Department of Individual and Family Studies).

This symposium presents a showcase of current research findings in beliefs related to cognitive aging, of which the most salient are self-ratings, control beliefs, and self-efficacy. During the past decades, self-rated memory and control-belief research has undergone a history of wild growth. Different conceptualizations of control beliefs will be described and compared with respect to their predictive potentials for outcomes in cognitive training and memory interventions. A new variant of assessing self-rated memory is introduced, and memory performance is being scrutinized under different motivational conditions, based on goal theory. Within a metacognition framework, young-old differences of predictions before and after memory performance are reported and explained. In overall, the symposium serves to re-interpret old findings, and to discuss issues of conceptualizations and theory, measurement, and methods of analysis for beliefs in the context of aging, cognition and memory.

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A CANADIAN GUIDE TO END OF LIFE CARE FOR SENIORS: A PAN-AMERICAN DISCUSSION

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R. Fisher, Interdepartmental Division of Geriatrics, University of Toronto, 2075 Bayview Avenue, Toronto, Ontario M4N 3M5 Canada
M. Ross, Faculty of Health Sciences, University of Ottawa, Canada

PARTICIPANTS:

M. Pelaez, (Pan American Health Organization, Washington DC) A Developing Country Perspective to the Development of End of Life Guide for Seniors.

L. Daichman, (International Network for the Prevention of Elder Abuse, Buenos Aires, Argentina) Ethical Issues in Long Term Care.

M. Acanfora, (Argentinean Society of Gerontology and Geriatrics, Buenos Aires, Argentina) The Use of the End of Life Guide by General Practice Clinicians.

DISCUSSANTS:

C. Burla, (National Cancer Institute, Rio Janeiro, Brazil).

L. Machado, (Gerontology Institute, Candido Mendes University, Rio Janeiro, Brazil).

M. Talamantes, (University of Texas Health Science Centre, San Antonio, Texas).

The End of Guide for Seniors is the product of a Canadian project which brought together the gerontology and palliative care communities to produce a guide reflecting a national consensus of practice in this area. The Guide is targeted at health and social care providers. The purpose of this symposium is to discuss the content of this document and to review it from a Pan-American perspective, exploring areas of relevant applicability and also looking at clinical ethical and cultural differences in end of life care for seniors. Issues related to different approaches, availability and accessibility of health and social services in other countries will be addressed.

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COLLABORATIVE AND DISTANCE LEARNING IN GERONTOLOGY: PAST EXPERIENCES AND NEW DIRECTIONS

L. Poon & P. Holtsberg, Gerontology Center, University of Georgia, Athens, Georgia 30602.

PARTICIPANTS:

L. Poon, P. Holtsberg & A. Bucur (UGA Gerontology Center & UCLA-Los Angeles GEC) A Review of Collaborative and Distance Learning Models in Gerontology.

E. Schneider, M. Henke, C. Renold, G. Misiaszek, S. Wiest, J. Allandre & D. Sheets (Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90089) On-Line Education in Gerontology at University of Southern California.

P. Holtsberg and L. Poon (UGA Gerontology Center, Athens, GA 30602) Student & Faculty Feedback: Lessons Learned From Four Years of Systematic Evaluations of Four Collaboratively Taught Distance Learning Gerontology Courses in Georgia.

A. Bucur, J. Frank, & R. Neal, (California Geriatric Education Center, University of California - Los Angeles, Los Angeles, CA 90095) Maximizing the Integration of Gerontological Educational Programs With Internet-Based Tools.

M. Owens, I.Parham, C. Coogle & A. Welleford, (Virginia Commonwealth University, Richmond, VA 23298) Perspective from a Decade of Formal Academic Course Presentation via Distance Education.

University-based educators in gerontology and geriatrics have increased their use of collaborative and distance learning technologies and programs to meet challenges posed by shortages of trained faculty and to reach a larger, more diverse student body. Participants in this symposium have been and remain at the vanguard of these efforts. This symposium is structured around a set of timely papers designed to share their experiences from a variety of perspectives. The symposium will conclude with a round-table discussion by the participants of the future directions in gerontology for collaborative and distance education programming.

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PRACTICAL AND THEORETICAL ASPECTS OF SUBJECT RECRUITMENT AND RETENTION.

T. Arguelles, University of Miami, Center for Adult Development and Aging, 1695 N.W. 9th Avenue, Suite 3204H, Miami, FL 33136

PARTICIPANTS.

T. Argüelles & D. Loewenstein (University of Miami, Center for Adult Development and Aging) Recruitment and Retention of Minority Subjects: Discussion of a Contemporary Conceptual Framework.

M. Wykle (Case Western Reserve University, School of Nursing, Cleveland, OH 44106) Recruitment and Retention of African American Participation in Research Projects.

S. Levkoff (Brigham and Women's Hospital, Harvard Medical School, Boston, Boston, MA 02115) Recruitment of Ethnic minority Elders and their Families into Research.

B. Tarlow & D. Mahoney (Hebrew Rehabilitation Center for the Aged, Research and Training Institute, Boston, MA, 02131) Recruitment Challenges: Cost-Effective Strategies.

R. Rosenberg (Hebrew Rehabilitation Center for Aged Research and Training Institute, Boston, MA 02131) Building an Infrastructure to Enhance Recruitment and Retention of Minority Subjects.

DISCUSSANT:

C. Eisdorfer, (University of Miami, Center for Adult Development and Aging, 1695 N.W. 9th Avenue, Suite 3200, Miami, FL 33136).

The changing demographics of the United States, which augments the need to not only recruit, but also retain subjects of minority backgrounds into research studies represent a challenge to researchers in the aging field. This symposium will discuss the current practices of recruitment and retention as well as their practical and theoretical implications. Different aspects of recruitment and retention, ranging from its conceptualization, the illness in question, subjects' ethnicity, and cost together with future research opportunities within the area will be discussed.

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UNDERSTANDING JAPAN'S NEW PUBLIC LONG-TERM CARE INSURANCE SYSTEM

T.Tatara,Shukutoku University,200 Daiganji-cho
Chuo-ku,Chiba 260-8701 Japan

PARTICIPANTS:

H.Koyama(National Institute of Health Service Management, Japanese Ministry of Health and Welfare, Tokyo Japan) The Background and History of the Public Long-Term Care Insurance System and an Overview of the Features.

T.Tsutsui(National Institute of Health Service Management, Japanese Ministry of Health and Welfare, Tokyo Japan) Measuring the Nursing Care Needs of Elderly People: The Structure and Function of the Nursing Care Needs Certification Program.

Y.Suzuki(Hiroshima University, Hiroshima, Japan) The Economic Implications of the Public Long-Term Care Insurance System.

DISCUSSANTS:

William F. Benson(The Benson Consulting Group, Silver Spring, Md. 20912)

Japan's launching of a public long-term care insurance system, effective April 1,2000, is an epoch-making event but has not been well understood outside Japan. To date, Germany is the only country in the world that has implemented a public nursing care insurance program similar to Japan's new system, which is causing a quiet "social revolution" in the country. Experts here agree that the "Kaigo hoken"(as the new system is known in Japan.) has brought about several drastic socio-economic changes in the field of elder care in Japan. First, the new system has introduced the "market principles and free competition" to ways in which services are chosen by service users. Second, the new system has brought "empirical sciences" to the processes of measuring and determining the nursing care needs of elderly people. The new nursing care needs certification program, which is central to the new system, has been designed on the basis of extensive long-term care research. Third, the new system has "democratized" the processes through which social service programs are administered and assessed. It has created an ombudsman program for the purpose of receiving and solving complaints. This symposium will discuss these and other unique programmatic features of the new system. The presenters were involved with different stages of the developmental process of the new system.

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DIVERSION AND COST OUTCOMES OF A MEDICAID ASSISTED LIVING PROGRAM

L. Vinton, Florida State University, Institute for Health and Human Services Research,
Tallahassee, FL 32306-2570

Assisted living as a community-based long-term care option can be costly and the need for coordinated services can remain after placement. Medicaid waivers for assisted living are one option but little is known about the effectiveness of services subsidized with Medicaid funds. In a one year study of diversion and cost outcomes of Florida's Medicaid Home and Community Based Assisted Living Waiver for the Frail Elderly Program, significant cost savings were found for a matched group of Medicaid Waiver recipients as compared to former assisted living residents who were not diverted from Medicaid nursing home placements. When Medicaid Waiver recipients, who were in receipt of subsidized funds and case management services, were compared to a matched waitlisted group of assisted living facility residents, it was found that 30% of the Waiver recipients had transferred to nursing homes or died as contrasted with 50% of the waitlisted persons. Policy recommendations include a more substantial financial commitment to the program, along with an examination of what case management services actually entail.

ASSISTED LIVING: THE PHILOSOPHICAL CHALLENGES OF EVERYDAY PRACTICE

R. L. Utz, Department of Sociology, University of
Michigan, Ann Arbor, MI 48104.

How do assisted living providers incorporate the industry-wide philosophy into their everyday practice? This study seeks to answer this question by combining both quantitative and qualitative data from in-depth interviews with 12 assisted living providers and mailed survey responses from 100 assisted living facilities in Ohio. A single case study of the industry in Ohio, which is similar to the aggregated national industry on several key characteristics, shows that even among providers who are operating under the same regulatory constraints diversity exists. Providers appear to be commonly united under the philosophical goals of the industry, yet struggle with how to provide care that achieves and balances the tenets of the industry philosophy. Furthermore, results indicate that there are some important and characteristic differences among types of facilities. A major finding of the study is that management licensure may be a determinant of how homelike the environment is and how much autonomy is given to residents. Results indicate that while providing a greater scope of amenities and services may increase the cost of assisted living, providing policies and practices according to the assisted living philosophy does not seem to be costly in and of itself. Taken together, the findings reveal that some facilities identify themselves as "assisted living," although they may not really be providing care that embodies the philosophical goals of the industry.

UNDERSTANDING RESIDENT AND FAMILY SATISFACTION WITH ASSISTED LIVING: RESULTS OF A NATIONAL STUDY

C. Hawes, M.S. Rose, C.D. Phillips, Myers Research Institute, Menorah Park Center for Senior Living, 27100 Cedar Road, Beachwood, OH 44122

Satisfaction with services is a major issue in the evaluation of assisted living and other forms of housing with supportive services. The present study used data from a nationally representative sample of over 1,500 ALF residents in 300 higher service assisted living facilities (ALFs) to investigate resident satisfaction. Resident satisfaction with the study ALF was generally high, and residents would recommend their ALF to others. However, there were specific areas (e.g., staff retention) where resident satisfaction was lower. Family satisfaction was also quite high. Four additive scales were developed (alphas from .78 to .88) that focused on resident and family satisfaction with staff and with activities. The scale reflecting family satisfaction exhibited significantly higher degrees of internal consistency than did the scales based on resident data. Multivariate ordinary least squares models were estimated with satisfaction considered a function of both individual level indicators (e.g., gender, age functional status) and facility characteristics (e.g., privacy and service levels). For both family and residents, the determinants of satisfaction were a combination of individual and facility factors.

THE RELATIONSHIP OF THE HOME ENVIRONMENT TO DEMENTIA CAREGIVING

R.V. Olsen, L. Hutchings, Center for Architecture & Bldg. Science Research, N.J., Institute of Technology, University Heights, Newark, N.J. 07102

While the majority of people with dementia are cared for in their homes in the community, these environments receive minimal research attention. This study surveyed 31 caregivers (CGs) of people with dementia living in subsidized or market rate senior complexes concerning the impact of the environment on caregiving and how senior housing could be designed to meet the needs of CGs and care recipients more effectively. Responses were compared to findings from an earlier study of 90 CGs living in housing not designed for seniors (age-integrated). CGs in market-rate senior housing rated their complexes as more supportive than did CGs in subsidized settings ($p<.05$), although the social environments in the two senior housing types were rated comparably. In both senior and age-integrated housing, falling was the most frequently mentioned safety concern, followed by problems with kitchens, bathrooms and wandering. However, modification strategies did not follow this sequence and targeted bathrooms first, followed by locking/access control, furniture, and safety devices in kitchens. CGs in all settings described physical and social features that made caregiving easier/harder and rank-ordered design features for an "ideal" caregiving setting. These features included one-level, adequate space, uncomplicated layouts to assist wayfinding, visual access to enhance monitoring and interaction, controlled access to danger zones and safe bathrooms and kitchens. Behaviorally, CGs in age- integrated communities reported agitation more frequently in loved ones, used a wider range of tactics to diffuse agitation,and had more safety concerns than CGs in senior housing. Design and policy implications of findings will be discussed.

RESIDENT AND FAMILY SATISFACTION WITH ASSISTED LIVING.

C.A. Levin. School of Public Health. University of Minnesota, Minneapolis, MN 55455.

The purpose of this study is to determine which factors of the living environment, services, and care are important to assisted living residents and their family members as well as how satisfied they are with these features in their particular settings. The sample includes 352 cognitively intact assisted living who participated in *The Assisted Living-Home Care Connection* and the family member living outside the facility whom each resident identified as most involved in her life. Assisted living residents and their family members were asked to rate the importance of 23 attributes of their facilities such as: privacy, personal care, organized activities, meals, and staff changes. They were then asked to rate their facilities on each of the features. Factor analysis was used to cluster the facility characteristics, resulting in the following five domains: environment and service; control and choice; care; programs; and dining. Principal findings show that residents and family members find different features of assisted living to be important. Family members place more importance on features such as the provision of services and having health providers available around the clock. Family members give the assisted living setting lower ratings on all features than are residents. Residents place higher importance on features related to the environment and service.

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HOW STATES ARE LINKING RESEARCH AND PRACTICE, AND DEVELOPING SUPPORTIVE POLICIES FOR KIN CAREGIVERS AND THEIR FAMILIES.

J. Sainer, Brookdale Foundation Group, 126 East 56th Street, New York, NY 10022.

PARTICIPANTS:

M. Brintnall-Peterson (Univ. of Wisconsin, Madison, WI 53706) Impact of the 1999 National Satellite Program on Grandparents Raising Grandchildren.

P. Pine (New York State Office for the Aging, Albany, NY 12223) Linking Community Needs Assessments to Services Offered by Grandparent Support Groups.

R. Hornbostel (Ohio Dept. of Aging, Columbus, OH 43215) Developing a Legislative Action Agenda: The Report Sent to the Ohio General Assembly by the Grandparents Raising Grandchildren Task Force.

A. Beltran (Generations United, Washington, DC 20001) How Research, Surveys and

Analysis Helped Define and Establish Public Policies at the National and State Levels.

States are playing an increasingly important role in addressing kincare issues, particularly those related to informal relative caregivers. The speakers will present data and documentation that highlight trends, and give direction to practitioners, educators, planners and policy makers on the lessons learned and the tasks ahead. **Dr. Mary Brintnall Peterson**, of the University of Wisconsin Extension Services, will review the evaluation results of their nationwide video program. **Dr. Patricia Pine**, Executive Deputy Director of the New York State Office for the Aging, will discuss the expansion of their local Relatives as Parents Program, resulting from their community assessment of needs. **Roland Hornbostel**, Chief of Planning, Development and Evaluation in the Ohio Department of Aging, will highlight the process that led to recommendations and action steps for the Ohio General Assembly. **Ana Beltran** of Generations United will present the results of legislative research of public policies at the state and national levels.

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INFORMING MEDICARE BENEFICIARIES: ASSESSING NEW INITIATIVES FROM HCFA

E. Swift (HCFA , Balt., MD 21244)

PARTICIPANTS:

J. Ferrer and D. Miranda (HCFA), "The New Health Outcome Survey and Reporting Quality Health Information to Seniors"

J. Fyock, C. Koepke, and J. Meitl (HCFA), "Framing and Beneficiary Decision Making: Findings on the Impact of Labeling Health Plan Choices"

E. Goldstein (HCFA), "Findings from the Ongoing Assessment of Medicare & You—HCFA's Comprehensive Information Program"

E. Sekscenski (HCFA), "Educating Beneficiaries on the Differences between Fee-for-Service and Managed Care: Findings from the New Fee-for-Service CAHPS Survey"

E. Swift and V. Hartz (HCFA) and F. Manske and J. Cioffi (Seniors Research Group, Livonia, MI 48152), "Nursing Home Placements and Information Needs: Assessing HCFA's Nursing Home Web Site"

DISCUSSANTS:

J. Dubow (AARP, Wash., DC 20049)

J. Sangl (AHRQ, Rockville, MD 20852)

The Balanced Budget Act of 1997 made the most far-reaching changes to Medicare program since its inception, mandating the provision of a wide array of choices in health care to beneficiaries and a significant informational campaign aimed at apprising them of their new options. This symposium will focus on what HCFA has learned about informing Medicare beneficiaries. What kinds of information are beneficiaries more likely to use in actual decisions on their health care? How useful do they find clinical performance measures of health care? Consumer assessment measures? What difference does framing the choice through different program labels make? Can web sites be designed to encourage use by beneficiaries? Symposium participants will detail the multiple components of HCFA's information efforts, on-going research to evaluate their effectiveness, implications for future informational campaigns on complex and important decisions in health care and other spheres.

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SINS OF COMMISSION OR SINS OF OMISSION? ISSUES AND ETHICS OF IMPROVING PHARMACOTHERAPY IN LONG-TERM CARE

KL Lapane. Center for Gerontology and Health Care Research, Brown University, Providence, RI

PARTICIPANTS:

C Pedone[1], KL Lapane[1], & WL Straus[2] ([1]Brown University, Providence, RI; [2]Merck & Co, Inc, West Point, PA) PAIN MANAGEGEMNT IN NURSING HOME RESIDENTS WITH ARTHRITIS

MN Brown[1], KL Lapane[2] & A Luisi[1] ([1]University of Rhode Island, Kingston, RI; [2]Brown University, Providence, RI) THE MANAGEMENT OF DEPRESSION IN ELDERLY NURSING HOME RESIDENTS

C Rojas-Fernandez[1], KL Lapane[2], KH MacKnight[3] & K Howard[1] ([1]Texas Tech University, Amarillo, TX; [2]Brown University, Providence, RI; [3]Dalhousie University, Halifax, NS) UNDERTREATMENT OF OSTEOPOROSIS IN NURSING HOME RESIDENTS

BJ Quilliam, KL Lapane, and V Mor (Brown University, Providence, RI) CLINICAL CORRELATES AND DRUG TREATMENT OF RESIDENTS WITH STROKE IN LONG-TERM CARE

DISCUSSANTS:

MH Beers (Merck Research Laboratories, Division of Merck & Co, Inc, Whitehouse Station, NJ)

Al Siu (Mount Sinai School of Medicine, New York, NY)

Current long-term care regulatory policy (i.e., surveyor guidelines and quality indicators) focuses on the inappropriate use of medications and polypharmacy in the long-term care setting. Yet, significant morbidity, mortality, and reductions in quality of life may occur owing to the underuse of medications with proven benefits. Papers in this symposium provide compelling evidence to support the notion that pharmacy policy should also examine the undertreatment with such medications. Not only is lack of treatment highly prevalent in this setting, but also a recurring theme emerges from these data. The most vulnerable people (e.g. older than 85 years of age, cognitively impaired, limited physical function) are the least likely to receive pharmacotherapy. This symposium will review the research, discuss the potential ramifications (intended and unintended) of broadening the scope of pharmacy policies to include undertreatment, and review the ethical issues of social policies regarding the monitoring of drug prescribing practices in the long-term care context.

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MULTIDISCPLINARY APPROACHES FOR IMPROVING SLEEP IN PERSONS WITH DEMENTIA.

M. Rowe, Univ. of Florida, Gainesville, FL 32611.
PARTICIPANTS:

L. Buettner (Binghamton Univ., Binghamton, NY 13902) Improving Sleep with Recreation Therapy

K. Richards (Central Arkansas Veterans Health Care System and Univ. of Arkansas for Medical Sciences, Little Rock, AR 72205) Effect of Activity on Sleep in Elders with Dementia

M. Rowe (Univ. of Florida, Gainesville, FL 32611) Injuries Occurring during Nighttime Activity CI Persons

P. Tsai (Univ. Arkansas for Medical Sciences, Little Rock, AR 72205) Exercise for Pain and Sleep in Nursing Home Residents with Osteoarthritis of the Knee

DISCUSSANT:

A. Horgas (Univ. of Florida, Gainesville, FL 32611)

Sleep-activity disturbance is a prevalent, disabling symptom in cognitively-impaired (CI) elders resulting in increased nighttime activity. In both the home and institutional setting, nighttime activity places the CI elder at greater risk for unattended wandering and possible injury. In this symposium, researchers will discuss the consequences of increased night activity, and present multidisciplinary approaches to improve night sleep patterns. One approach to be presented is the use of individualized daytime activity plans to replace frequent daytime napping episodes with meaningful activities in elders in nursing homes. Therapeutic recreation offers other avenues to increase daytime activity – a study using a wheelchair bicycle as an intervention will be presented. Painful arthritis may further impair sleep, and a study of managing arthritis pain to improve sleep will be presented. The purpose of this symposium is to highlight the problem of sleep disturbances in dementia and engage in a discussion of effective interventions.

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WOMEN IN ACADEMIC MEDICINE: GENDER CLIMATE, WORK-LIFE AND CAREER SATISFACTION, WOMEN'S HEALTH RESEARCH, AND HUMOR

M. Carnes, (Univ WI, Center for Women's Health and Women's Health Research and Veterans Hospital Madison, WI 53715).
PARTICIPANTS:

S. Foster (Univ WI, Dept of Pediatrics) Winds of Change: Results of a Gender Climate Survey at a Midwest University Medical School.

J. McMurray (Univ WI, Dept of Medicine) Gender Issues in Physician Work-Life and Career Satisfaction.

M. Carnes (Univ WI, Dept of Medicine) Women Leaders in Academic Medicine: The Strategic use of Women's Health and Humor

DISCUSSANT:

J. Bickel (American Association of Medical Colleges, Washington, D.C.)

Women comprise almost half of U.S. medical students. This changing demography of U.S. physicians has implications for both medical education and practice, and has focused attention on issues such as the paucity of women in leadership positions, gender differences in determinates of physician work-life and career satisfaction and patient case mix, and widespread gender bias in medical training, research, and practice. Emergence of women's health and women's health research as fields of study have paralleled the entrance of women into medicine.

The above issues are of particular relevance in the field of aging because it has relatively more women physicians than many other subspecialties, the older population is predominantly female, and like women's health and women's health research geriatrics and gerontology embrace an interdisciplinary, biopsychosocial framework.

In this symposium, research addressing these areas and methods for intervention will be presented and discussed using both an expert panel and audience participation via small groups. Participants will leave with a plan for implementing new knowledge to identify and surmount gender-based barriers to professional advancement and career satisfaction.

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QUALITY OF LIFE AND VALUE OF LIFE IN OLD AGE.

M.S. Moss, Polisher Research Institute, Philadelphia Geriatric Center, c/o Temple CCC, 5301 Old York Road, Philadelphia, PA 19141.
PARTICIPANTS:

R.L. Rubinstein, (University of Maryland Baltimore County) The salience of health in the context of life history and current adaptation.

W. Crawford and J. Kilbride (Philadelphia Geriatric Center) The role of religion and spirituality in valuation of life by older adults.

M. Moss and C.J. Hoffman (Philadelphia Geriatric Center) Value of life and end of life preferences.

M. P. Lawton (Philadelphia Geriatric Center) Secondary control dynamics of feeling better.

DISCUSSANT:

V.G. Cicirelli (Purdue University, West Lafayette, IN 47907)

How does the health of older persons affect the way they think about their current lives and the care they wish to have at the end of their lives? An in-depth qualitative study of 30 participants who had previously completed a structured interview was done. The thought processes of both healthy and physically ill persons are explored as they evaluate the worth of their lives and consider sources of both gratification and distress. The primary focus was on understanding how health and quality of life influence the way people think about the value of their lives and the length of time they want to live. The papers highlight the significance of health in the life stories of these elders (Rubinstein), the ways that religion and Spiritual beliefs structure their worldviews (Crawford & Kilbride), and their perceptions of their future under potential constraints of dependency, pain and dementia (Moss & Hoffman). Finally, the multiplicity of cognitive and self-constructing mechanism by which these elders exert control have clear practice and policy implications (Lawton). (Supported by AARP Andrus Foundation & NIA-AG11995).

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PROMOTING HEALTH AND VITALITY IN FRAIL ELDERS THROUGH OCCUPATION: THEORY AND PRACTICE

HQ Kivnick (U of Minnesota, St. Paul, MN) & S Stoffel (College of St. Catherine, St. Paul, MN)

PARTICIPANTS:

H Kivnick, S Stoffel, L Buxell, (Coll of St. Catherine) & D Hanlon (U of MN) Elder Vitality: Integrating Diverse Theoretical Perspectives.

K Matuska (Coll. of St. Catherine, St. Paul) Designing a Life of Wellness.

P Stein (U of Rochester, Rochester, NY) Culture Change in Long Term Care: Reclaiming Self as the Respository of Biography and Development.

S Stoffel, H Kivnick, & D Hanlon Vital Involvement Groups: Piloting an Approach to Personal Strength in Old Age.

DISCUSSANT:

CC Williams (LIFESPAN Collaborative, Rochester, NY)

Living a life of vitality and self-determination rests on the interaction between a person and his/her multiple levels of environment. Broadly, the *person* includes physiological, psychosocial, and behavioral dimensions. And at the turn of the 21st century, levels of *environment* for community-dwelling elders may include family, friends, physical residence, neighborhood, spiritual community, and systems of health care and social service. For elders in nursing homes or other residential facilities, perhaps the most influential level of environment involves the structure and policies (i.e., the culture) of the facility itself. Regardless of environmental specifics, individual elders are challenged -- as each of us is challenged, throughout the life cycle -- to find meaning both in day-to-day activities and also in those occupations that transcend dailiness.

We must replace outdated models that focus primarily on compensating for the disabilities of the aged body. Emerging models cannot ignore old age's deteriorations and diseases. But they must equally attend to maximizing old age's potential for unique expressions of personal vitality, community involvement, and spiritual development. Balancing strength and weakness, self and others. These remain the challenges of old age -- despite physical constraints that seem to limit attention to day-to-day survival.

Integrating theoretical frameworks from diverse disciplines is essential to building a foundation for comprehensive practice to promote elder vitality and integrity. This symposium will then examine two existing strength-based modalities that focus on the *person*, and one that focuses on the *environment*. This examination will enable us to understand and utilize elements of current practice, in the context of newly comprehensive theory.

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INNOVATIVE PSYCHOTHERAPEUTIC TREATMENT MODELS FOR OLDER ADULTS WITH DEMENTIA.

B. Carpenter, Department of Psychology, Campus Box 1125, Washington University, St. Louis, MO, 63130.

PARTICIPANTS:

A. L. Snow (Houston Center for Quality of Care and Utilization Studies & Veterans Affairs, Houston, TX 77030) Systems Approaches to Group Psychotherapy with Caregiver/Patient Dyads.

S. Meekes & C. A. Depp (Department of Psychological and Brain Sciences, University of Louisville, Louisville, KY 40292) A Pleasant-Events Based Intervention for Depression in Nursing Home Residents.

D. Slone (Western State Hospital, Tacoma, WA 98498) Treating Depression in Dementia: A Team Effort.

H. Ruckdeschel, B. Carpenter, K. Van Haitsma, & K. Ruckdeschel (Philadelphia Geriatric Center, Philadelphia, PA 19141) Restore–Empower–Mobilize (REM): A Psychotherapy for Long-Term Care Residents with Depression and Dementia.

DISCUSSANT:

S. Tobin, Chicago, IL

Older adults with dementia deserve the same intensity of treatment for mental health and behavioral problems as do older adults without cognitive impairment. Reimbursement organizations, however, have been reluctant to pay for psychotherapeutic services for individuals with cognitive impairment, citing the limited benefit that might be expected. Research and clinical experience suggest, however, that the presence of cognitive impairment is not a contraindication for psychotherapeutic intervention. Rather, the presence of cognitive impairment simply necessitates adaptation and creativity in designing interventions.

This symposium assembles four innovative models to treat psychological disorders in the context of dementia. These papers include discussions of the theory underlying each treatment, their challenges and benefits, and practical details about implementation. As a group, the interventions recognize the importance of the psychosocial environment. The traditional dyadic psychotherapeutic encounter is complemented by interventions that focus on the many caregivers who support individuals with dementia. Consequently, the significance of a systems approach to intervention is highlighted throughout.

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THE CONCERNED SON: A NEW PARADIGM FOR PARENTCARE

L. Jarvik, VA Greater Los Angeles Healthcare System and UCLA NPI&H, 760 Westwood Plaza, Los Angeles, CA 90095-1759.

PARTICIPANTS:

L. Jarvik (VA GLAHS and UCLA NPI&H, Los Angeles) "I'll Care for You, Don't Care for Me: Giver/Recipient Attitudes Towards Obligation to Provide Care"

M. Parker, V. Call (University of Alabama Center for Aging, Department of Geriatrics and Gerontology, Birmingham) "Parent Care Stress Among Children Who Live Long Distances from Parents: the Case of Military Officers"

P. Cassidy, (Marriott International, Inc., Washington, DC) "As America Ages: Marriott International's Response To Parentcare"

S. Sanders, B. Rosenberger (Elizabethtown College, Elizabethtown, PA) "The Role Of Sons In Caring For A Parent With Alzheimer's Disease"

DISCUSSANTS:

R. Dunkle (University of Michigan School of Social Work, Ann Arbor, MI)

P. McFarland (Elizabethtown College, Elizabethtown, PA)

J. Rosansky (VA GLAHS, Los Angeles)

Parents live longer than ever before and live longer with chronic and/or debilitating conditions. For this reason children are taking care of more parents for longer periods of time. People are also living healthier lives, so children are caring for older and older parents. And, caregiving children themselves grow older and older. Children also tend to be geographically dispersed, leaving fewer family members than ever before in close proximity to the parents. Parents may therefore be expected to move to new places to be near child/children giving care.

Symposium will examine models for parentcare with special focus on the growing group of male caregivers. The roles of business and the military in supporting caregiving activities will be explored, including family leave and stress among employees and military personnel. And, the different perspectives of caregivers and care recipients will be presented.

Questions posed will include:

What is caregiving? Definitions range from financial support to "hands-on" daily care.

Do parental attitudes about receiving care influence care provided by children?

How can organizations support parentcare activities?

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PRIOR ASSUMPTIONS: CONVERSATIONS WITH INSTITUTIONALIZED ELDERS.

A. Bower, Phila. Geriatric Ctr, 5301 Old York Rd, Phila. PA, 19141

PARTICIPANTS:

H. Hamilton (Georgetown Univ, Wash DC) Listening to the Voice of Alzheimer's Disease: Shifting the Center of Control

S. Chou (Georgetown Univ, Wash DC) Talk, Time and Intimacy: Topic and Temporal Frame in Discourse with Dying Hospice Patients

A. Bower (Phila. Geriatric Ctr, Phila, PA) The Irrelevant Subject: The Absence of Talk about Death among Nursing Home Elders

A. McLean (Central Mich Univ, Mt. Pleasant, MI) Coherence, Voice and Truth: Speech Acts in a Nursing Home Dementia Unit

DISCUSSANT:

T. Cole (University of Texas, Medical Branch, Houston TX University, Houston)

Learning to listen to and speak with elders in ways that more nearly reflects their own speech behavior affords deeper insight into the elder's structuring of her own subjective experience of life in an institutional setting. Yet, the ways in which institutional living shapes the speech behavior of elders and the younger researchers have been little explored. The objective of this symposium is to identify and reconsider conventional assumptions about the linguistic and communicative capabilities of institutionalized elders. In four qualitative, ethnographic case studies, each researcher's initial assumptions about topic salience, participant roles, temporal frames, and factuality in the elder/researcher dialogue are candidly discussed. As the conversation unfolds, each researcher is forced to abandon, to reformulate or to replace prior assumptions with new understandings of the elder's way of speaking that more nearly captures the elder's sociolinguistic reality.

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END-OF-LIFE (EOL) CARE IN DEMENTIA: PROBLEMS AND PROSPECTS

L. Volicer, Geriatric Research Education and Clinical Center (GRECC), Bedford VAMC, MA 01730.

PARTICIPANTS:

Z. V. Blasi (Education Development Center, Newton, MA) EOL Care in Dementia: a Review of Current Practice.

L. Volicer (GRECC, Bedford VAMC) Tools for Evaluation of EOL Care in Dementia

A.C. Hurley (GRECC, Bedford VAMC) Health Care Policy Recommendations for EOL Care in Dementia

DISCUSSANT:

J. Lynn (George Washington University, Washington, DC, 20037)

The care of persons with dementia at the EOL requires specialized knowledge of dementia as well as knowledge of the dying process. Many caregivers report negative experiences related to the care that their loved ones received as they died with a dementing illness. In order to identify areas in EOL care in need of improvement we conducted a national survey of family caregivers whose loved one died during the last year, a literature review of English-language articles published since 1990, reports of presentations at meetings and conferences, Internet searches, and information from programs known for their high quality. The questionnaire was based on a list of components regarding the EOL for persons with dementia and used existing scales for measuring of these components. When no scales were available, items were developed based on literature information. The draft of the questionnaire was modified according to input from local and national experts. Three scales were developed using information from 156 family caregivers, representing urban and rural populations in 28 states: Satisfaction with Care at EOL-Dementia, Symptom Management at EOL-Dementia, and Comfort Assessment in Dying with Dementia. Current barriers to quality EOL dementia care identified by this process include: measurement issues, inappropriate interventions, poor symptom management, inappropriate service utilization, lack of ongoing decision making about treatment limitations, and current health policy. Eight recommendations for policy changes that would improve care at EOL in dementia were developed on the basis of information obtained in this study by an expert panel. (Supported by the Alzheimer's Association and Department of Veterans Affairs).

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THE CHANGING AMERICAN FAMILY AND SOCIAL SECURITY REFORM

Y.-P. Chen, Gerontology Institute, UMass Boston, 100
Morrissey Blvd., Boston, MA 02125
PARTICIPANTS:
T. J. Devine (Office of the Public Advocate, New York City) Female Labor Force Participation and Social Security Benefits.
K. E. Smith, F. Sammartino, M. Favreault (Urban Institute, Washington, DC) Social Security Benefits and the Baby Boom Generation
F.G. Caro (Gerontology Institute, UMass Boston) Changing Family Norms and Social Security Reform.
Y.-P. Chen, Updating Social Security Benefit Structure: Analysis of Some Proposals
Discussants: M. McSteen and R.C. Green (Committee to Preserve Social Security and Medicare, Washington, DC)

Social Security reform debate has not addressed the need for updating the benefits that the program provides to families. During the early decades of Social Security, the traditional family consisted of a working husband with a dependent wife and children. However, in recent decades people have been marrying later, having fewer children, divorcing more and sooner, remarrying less, and increasingly many more are not marrying at all. Moreover, some of the changes are more pronounced among blacks and Hispanics than whites. Since Social Security provides income not only to individuals but also to families, changing familial relationships would affect the scope and value of that income protection. We should therefore discuss the policy implications of these decades-long shifts in family patterns.

After a brief overview by the convenor, the symposium begins with Devine's discussion of the implications of female labor force participation for Social Security benefits. Then, Smith, Sammartino, and Favreault highlight the differences in the future distribution of benefits for babyboomers by cohort, race, sex, lifetime earnings, and marital status. Following that, Caro discusses the link between the program and current social norms because a government program must reflect prevailing social norms in order to retain public support. Finally, Chen analyzes some of the ideas for updating the benefit structure. The session concludes with M. McSteen and R.C. Green serving as co-authored discussants.

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TRENDS IN OLD-AGE FUNCTIONING AND NURSING HOME CARE

V. Freedman, Philadelphia Geriatric Center, 261 Old York Rd., Suite 427, Jenkintown, PA 19046.
PARTICIPANTS:
R. Schoeni (RAND, Santa Monica, CA), R. Wallace (University of Iowa, Iowa City, IA), V. Freedman (Philadelphia Geriatric Center, Jenkintown, PA) An Update on Trends in Disability Among the Elderly from the National Health Interview Survey: 1984-1997
V. Freedman, H. Aykan (Philadelphia Geriatric Center, Jenkintown, PA) and L. Martin (Population Council, NY, NY) Aggregate Changes in Cognitive Functioning of the Oldest Old: 1993 and 1998.
S. Carney, (NBER, CA) M. McClellan (NBER and Stanford University, CA) Effects of Policies to Encourage Community-Based Services for Long-Term Care.
B. Spillman (Urban Institute, Washington, DC) James Lubitz (NCHS, Hyattesville, MD) New Estimates of Lifetime Nursing Home Use: Have Patterns Changed?
DISCUSSANT:
T. Waidmann (Urban Institute, Washington, DC)

There is a growing consensus that old-age disability may have declined in the United States in the 1980s and early 1990s. During the same period, many states expanded their home and community-based programs through Medicaid waivers. Whether such changes have altered patterns of nursing home use remains unclear. Further, the implications of such changes for the future demand for long-term care remain unknown. This symposium explores several interrelated issues surrounding recent changes in old-age functioning and nursing home use. The papers examine whether improvements in disability have continued into the 1990s, whether there have been improvements in cognitive functioning among older Americans, whether nursing home use at the end of life has changed, and finally, whether the adoption of Medicaid waivers has changed nursing home use. Discussion will focus on the implications of findings for future trends in the provision and financing of long-term care.

ACCESSIBILITY OF SENIOR CENTERS: RESULTS AND POLICY ISSUES

S. Stark, H. Van Woensel, R. Schleis, L. Kash, D.P. Sykora
Washington University School of Medicine, Program in Occupational Therapy, 4444 Forest Park Blvd., St. Louis, Missouri 63108

It is estimated that there are 100 million persons have chronic health conditions. This number is expected grow to 160 million by 2040. Because they tend to experience conditions that are more disabling, older adults tend to be impacted to a greater extent than younger persons. The need to provide environments that support the performance of older adults is critical to their daily performance. In a proactive strategy to meet the needs of an aging population that will present with numerous disabling conditions, the St. Louis Area Agency on Aging conducted a study to identify architectural and social barriers to providing service in their Senior Centers. The purpose of this study was to identify the physical (architectural), social and policy barriers that were present within the St. Louis Area Senior Centers. Assessments of nineteen (19) senior centers were conducted. Interviews with clients and staff were conducted, physical accessibility was assessed using the Americans with Disabilities Act Accessibility Guidelines (ADAAG) and policies for the agency were reviewed. Barriers to participation within the senior center were identified. The results indicated that nearly 33 percent of the physical spaces assessed were determined to be inaccessible according to the ADAAG. Social barriers were identified and coded from interviews. Strategies (and costs) for removing the barriers have been developed and funding strategies have been identified. These results have implications for agencies that provide service to older adults in the community.

BARRIERS TO ELDER CARE SERVICE UTILIZATION: CONSUMER, CAREGIVER, AND PROVIDER PERSPECTIVES

S. Lee, M.P.A. Gerontology Institute, Marywood University, Scranton, PA 18505, A. McDonnell, Dr. P.H., Department of Public Administration, Marywood University, and H.A. Shanks-McElroy, Ph.D., Division of Behavioral and Social Sciences, Keystone College, LaPlume, PA 18440

Older persons require access to health care and community services to assist them in maintaining or regaining optimum levels of physical, mental, emotional, and spiritual well-being and to prevent/delay the onset of illness. Information about how best to facilitate elder knowledge of available services and consumer access to service options is critical for health care and community service providers. This exploratory study, conducted by Marywood University in collaboration with Moses Taylor Hospital, examined the issues of consumer knowledge of services and barriers to service utilization from the perspective of elderly consumers, family caregivers, and service providers in Lackawanna County, Pennsylvania. A random sample of 300 persons age 60 years and over were contacted by mail to participate in face-to-face interviews. During interviews with 63 participants, service needs were established based upon physical, emotional, and functional health status. Knowledge of services, rates of service utilization and barriers to service usage were documented. A snowball sample of caregivers were also interviewed to assess service needs and usage rates. A convenience sample of 34 agencies providing elder care services were interviewed to evaluate referral processes, communication patterns with clients and other agencies, collaboration at the community level, and to identify gaps in services. The findings of this study support the need for the establishment of educational partnerships to provide consumers with information about the aging process, service availability and how best to navigate the service delivery system. The study also identified the need for a coordinated approach to service access delivery via the development of an innovative information and referral case assistant model and web-based directories of services.

OLDER NEW YORKERS USE OF SENIOR CENTER SERVICES: EFFECT OF FAMILY SUPPORT NETWORKS

J. Di, Ph.D. and J. Berman, Ph.D. New York City Department for the Aging, 2 Lafayette St. New York, NY 10007

The familial network is considered as a primary source of elder support and thus a predictor of formal community service use by the elderly. Yet, the pattern of familial network influencing service use remains unclear. This study examines the relationship between multiple components of familial support networks and seniors' use of different types of services that offered at senior centers. The services in the study are grouped into: common services (e.g., those usually offered in senior centers), uncommon services (e.g., those usually not covered in senior centers), and health related services. Using data from a 1999 sample survey of senior center participants in NYC, this study shows a significant relationship between senior service use and family support networks. Each component of family support network, however, has its unique connection with different types of service use. While living arrangements correlate with health service use and uncommon service use, marital status is only related to uncommon service use. Size of family network has a positive relationship and contact with children has a negative association with health service use. Only is contact with other relatives positively correlated to service use of all types. Preliminary findings suggest that the components of family network need to be assessed separately to determine their relationship with type-specific service use given their mixed effects. The result also indicates a close association between familial networks and non-familial factors (e.g., race, immigrant background, religion, etc.). A multivariate analysis assesses whether the variations in service use between the components or within the component of familial network are caused by other related factors of service use.

A Typology of Community Residential Care for Older Adults with Neuropsychiatric Disorders

Jeanette I. Semke University of Washington School of Social Work, 4101 15th Avenue NE, Seattle, WA 98105

Publicly-funded community residential care (CRC) is increasingly promoted as an alternative to nursing home care and other forms of institutionalization. A large proportion of the CRC clientele is made up of older persons with neuropsychiatric disorders. However, the effectiveness of current community care technologies and service systems in meeting the needs of this population is not well understood. This, in part, is due to the methodological challenge inherent in operationally defining the independent variable—the combinations of types and amounts of services that a client receives. Fragmented social and health care systems typical of most states require that CRC clients rely not just on the long-term care service system, but, in addition, on other service organizations. The purpose of the present study was to categorize service use for all 5,459 adults aged 60 and older with neuropsychiatric disorders who received CRC paid for by the State of Washington and/or Medicaid funds in Calendar Year 1998. The dimensions of the resulting typology incorporate: 1) the array of types and amounts of social and health services provided by multiple service systems including long term care, primary medical care, specialized mental health services and inpatient hospital care and 2) the magnitude and direction of change over time in types and amounts of services received. Demographic, social and clinical characteristics of the membership for each type or grouping are compared.

The Role of Case Managers in Identifying Caregiver Stress in Outpatient Geriatric Assessment S.Pandya, E.H.Bradley, S.T.Bogardus, C.S.Williams, E.Cherlin, S.K.Inouye, Yale School of Medicine, 60 College Street, New Haven, CT 06492.

Case managers can play a pivotal role in identifying caregiver stress as part of geriatric assessment. This research explored the frequency and correlates of caregiver stress, and agreement between family caregivers and case managers regarding the existence of caregiver stress. Data from a cross-sectional study of 199 pairs (response rate=94%) of family caregivers and case managers of patients with dementia undergoing outpatient geriatric assessment indicated that 37% of family caregivers reported caregiver stress; however, case managers detected this as a concern in only about half of these cases (kappa=.12). In mulitvariate analyses, family caregivers and case managers were each more likely to report caregiver stress as a major concern in cases of greater patient functional or cognitive impairment (p-values<.05). In addition, family caregivers were more likely to report this concern if the patient was older, unmarried, and if the caregiver was a daughter (p-values<.05). The study suggests that, despite the prevalence of caregiver stress reported by family caregivers of patients with dementia, case managers may need more rigorous methods for appropriately detecting this concern.

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ASSESSING QUALITY OF LIFE (QOL) IN PERSONS AT-RISK FOR DEMENTIA

J.D. Kasper, M. Rauch, B. Black, A. Shore, P.V. Rabins, Johns Hopkins School of Hygiene & Public Health, 624 N. Broadway, Baltimore, MD 21205

Assessment of health-related QOL in persons with dementia is especially challenging. Rabins, Kasper and Black have developed an instrument designed for caregiver administration which evaluates 5 domains (e.g. social interaction) and has been described elsewhere. The instrument is being used in a study of over 500 community-dwelling elderly people at-risk for dementia by virtue of low or declining MMSE scores (< 24 or a 4-point decline over time) in previous studies. Based on more extensive neuropsychological testing of subjects administered as part of the current study, 70% were categorized as probable dementia, 21% as cognitively impaired/not dementia, 9% as not cognitively impaired/not dementia. Persons with probable dementia had a significantly lower QOL score than the other groups, as did those with MMSE scores below 24 compared to those above 24. 30% of persons with probable dementia were in the lowest quartile in contrast to 9% of persons not cognitively impaired/not dementia.

ACUPUNCTURE TO TREAT ANXIETY AND DEPRESSION in ALZHEIMER'S Emerson Lombardo, NB; Vehvilainen, L; Ooi, WL; Volicer, L; McManus, C; Dresser, M; Xu, G, Wellesley College Cnter for Research on Women, Wellesley MA 02481

Acupuncture, a core component of Traditional Chinese Medicine is an effective mode of treatment for many chronic ailments including depression, pain, addiction and stroke, with virtually no side effects in competent hands. One recent Chinese matched controlled study of Vascular Dementia (VD) using Western diagnoses and outcome measures showed substantial and statistically significant improvements in cognition. Preliminary analysis of data from our small feasibility study (no controls) demonstrated that acupuncture is feasible for American AD and VD subjects. All 11 subjects, 10 with AD and 1 with VD, completed at least 22 treatments during a three month, twice a week, acupuncture intervention. We found statistically significant ($p < .05$) improvements in mean depressive and anxious mood symptoms, confirmed with multiple measures, including the Cornell Scale for Depression in Dementia, the Spielberger State Anxiety Inventory and the POMS Tension subscale. Subjects also improved in mood-related behaviors. For example, the score on the Spielberger SAI declined from a baseline mean of 49.5 (SD = 8.4) to a post-test score of 40.1 (SD = 8.0), p=.005. Also encouraging, these subjects experienced insignificant cognitive decline, from an average Mini-mental Status Exam (MMSE) score of 21.9 to 21.3. Two of four subjects who experienced substantial improvement in mood symptoms also improved in MMSE scores (from 15 to 20 and 17 to 21). A third improved in tests of fluency and naming ability, while MMSE scores remained stable.

MANAGEMENT STRATEGIES FOR NEUROPSYCHIATRIC BEHAVIORS IN NURSING HOMES: A TASK AND COST ANALYSIS.

L Kleinman[1], L Frank[1], J Schmier[1], M Rothman[2] [1]MEDTAP International, Inc., 7101 Wisconsin Ave, Ste 600, Bethesda, MD 20814, [2]Janssen Research Foundation.

Behavioral problems are a common management challenge for professional staff in nursing homes. Due to the high prevalence of cognitive disorders among residents, nursing staff must frequently address a range of problematic neuropsychiatric behaviors. While staff burden of these behaviors is widely acknowledged, descriptive information on the time and frequency of actual management strategies used in practice is lacking, as is an estimate of the associated staff costs. We conducted detailed semi-structured interviews with nursing staff at all levels from 5 nursing homes in the Northeast US to identify the range of management strategies employed by staff, and to estimate staff costs for each individual strategy. Information on behavioral frequency and intensity of staff involvement (ratio of nurse-level to nursing assistant-level staff) was obtained and used in cost calculations. Physical agitation, care refusal, and requests for attention were the most frequent behaviors (average of 84 times/month) according to nursing staff. Usual strategies to manage these behaviors included re-orienting and calming the resident, removing from immediate surroundings, and notifying family. The most costly strategies ranged from $5 to $23 per occurrence and were associated with physical aggression, psychotic symptoms, sexual disinhibition, and depressive symptoms. Based on staff mix and estimated frequency of occurrence physical agitation, care refusal and depressive symptoms were associated with the highest monthly care costs ($75 to $344 based on median US wages). Results suggest that strategies used to manage common behavioral problems are time-consuming for nursing staff and costly to nursing facilities.

This research was supported by Janssen Research Foundation.

CHARTING THE MENTAL HEALTH STATUS OF OLDER PEOPLE IN DEVELOPING COUNRTRIES

J. Subedi, Miami University, Oxford, OH 45056
M. Tausig, University of Akron, Akron, OH 44325
S. Subedi, Miami University, Oxford, OH 45056
C. Broughton, University of Akron, Akron, OH 44325

The mental health status of elderly persons in developing countries is a matter of increasing interest and concern. This concern stems from two significant population-related processes: the "aging" of the world population and, the projected increase of disability (including psychiatric) as part of societal disease burdens. We know very little about the mental health status of persons living in developing countries. We know even less about the mental health of elders living in such countries. However, demographic trends and the recognition that mental health is a significant component of the disability disease burden suggests that we need to improve our knowledge in this area. To-date, no diagnostically specific, cross-culturally valid measure of psychiatric well-being has been used to assess population rates of psychiatric disorder. It is, however, crucial to assess the community prevalence of psychiatric disorder in order to organize health services to deal with these disorders.

In this paper we report on the use of a short, diagnostically efficient survey instrument for the assessment of mental illness in developing countries. The instrument is an analog of the DSM-III-R Symptom Checklist and results from its use among elders in a small rural village in Nepal are described. We will explain the construction and validation of the survey, describe the prevalence of psychiatric disorder in the village and outline the implications these findings have for health service delivery.

ALZHEIMER'S DISEASE: A FOUR STATE ANALYSIS OF THE REIMBURSEMENT ENVIRONMENT FOR SERVICES

Karen W. Linkins; J.R. Lloyd, Jr. The Lewin Group, Public Health and Finance Division, 3130 Fairview Park Drive, Suite 800, Falls Church, VA 22042

Over the disease course, Alzheimer's Disease (AD) patients require a broad and increasingly intensive range of health and long-term care services. Because of the chronic nature of the disease, sources other than Medicare finance the care of the AD population. Service availability and coverage varies by state and financing source. The goal of this study was to investigate and profile the reimbursement environment for AD services in four states (CA, FL, IL, NY) and to analyze the impact on the structure and delivery of AD services, such as Special Care Units, assisted and non-assisted living facilities, home health, respite, and state-specific drug programs. Data sources included state-level key informant interviews, state aging and mental health program descriptions, and other secondary data sources. Findings from the study show that the range, comprehensiveness and accessibility of services is contingent on state and local funding levels for AD programs and services. As such, states and localities are using various combinations of funding sources, including Medicaid, State general funds, and state-initiated programs that combine public and private insurance to finance AD services. Finally, the implications of recent policy developments, such as the BBA, possible changes in the pharmacy benefit under Medicare, and other issues are explored with regard to their likely impact at the state and local levels.

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Elder Abuse: A global perspective via the International Network for the Prevention of Elder Abuse (INPEA)

G. Bennett, Reader and Consultant Physician, St Bartholomew's and the Royal London School of Medicine and Dentistry
L. Daichman, Consultant Geriatrician, Arenales 1391, 8ro. "B", (1061) Buenos Aires, Argentina.

Participants:

L.S. Daichman and L.M. Machado (Buenos Aires, Argentina; Rio de Janeiro, Brazil)
The challenges of ageing and elder abuse prevention in the developing World.

E. Podnieks (Toronto, Canada)
Elder Abuse in North America: Taking the Debate forward.

G. Bennett and B. Penhale (London, United Kingdom; Keele, United Kingdom)
Initiatives in the United Kingdom to tackle elder abuse and the development of the INPEA (Europe) organisation.

R. Wolf (Institute on Ageing, UMass Memorial Health Care, 119 Belmont St. Worcester, Massachusetts, MA 01605, USA)
Discussant

The International Network for the Prevention of Elder Abuse (INPEA), founded in 1997 aims to raise the awareness and promote education and research concerning elder abuse. INPEA developed regional representatives for North America, Latin America, Asia, Africa, Oceania and Europe and networks information and education via a regular newsletter and website (www.inpeabuse.org) and newly established national representatives. Elder abuse is achieving international recognition as a sociomedical phenomenon. The developing world faces the challenge of rapidly ageing societies and the challenge of raising awareness in sometimes violent and ethically diverse communities. North America has, in many ways, led opinion and research in this field and continues new initiatives with particular emphasis on the role of the internet. In the United Kingdom a national charity, Action on Elder Abuse (AEA) has pioneered a range of initiatives, e.g. helpline, videos and conferences, whilst INPEA (Europe) now covers fourteen countries. The symposium will review the global perspectives thatt INPEA provides and explore international issues concerning raising awareness, education and training, as well as research.

Additional Abstracts for the 52nd Annual Scientific Meeting Not Printed in the Program Abstracts

BODY COMPOSITION FROM HYDROSTATIC WEIGHING AND DUAL ENERGY X-RAY ABSORPTIOMETRY IN EARLY POSTMENOPAUSAL WOMEN

M. Bemben, N. Nabavi, D. Bemben, A. Knehans, Dept. of Health and Sport Sciences, University of Oklahoma, Norman, OK 73019.

Declines in muscle and bone as well as age related fat patterning associated with menopause and estrogen deficiency can significantly alter body composition and our ability to measure it. This study determined if body composition could be adequately measured by dual energy x-ray absorptiometry (DXA) when compared to the "gold standard" of hydrostatic weighing (UWW) in postmenopausal women. Thirty-four subjects (41-61 yrs), 1-7 yrs postmenopausal and not on any hormonal replacement therapy volunteered. Body fat percentage, fat mass, and fat-free mass were computed using body density from UWW (Siri, 1961) and DXA (Lunar Model DPX-IQ). Paired t-tests compared means and correlation coefficients determined the relationship between the methods. Statistical significance was set at $p \leq 0.05$. There were statistically significant differences between the two methods for each parameter of body composition. In general, percent body fat assessed by UWW was statistically higher ($p=0.01$) than those obtained by DXA, however, a high correlation coefficient ($r=0.86$) indicated a strong relationship between the two technologies. In conclusion, care must be taken when choosing a method to assess body composition for early postmenopausal women. Since this group is characterized by a rapid loss of bone, UWW may not be the best method to assess body composition.

	Body Fat %	Fat (kg)	Fat-Free (kg)
UWW	43.2±8.9	31.9±13.5	39.8±6.4
DXA	39.5±8.4**	29.6±12.2**	42.7±7.5**

DEVELOPMENT OF A SKING ASSESSMENT TO MEASURE BATHING OUTCOMES

J. Urin, B. Hoeffer, L. Rondorf-Klym, J. Rader, D. McKenzie, B. Stevens, and J. Rasin ,OHSU, School of Nursing, Portland, OR 97201 and P. Somboontanont, UNC Chapel Hill, NC.

The development of the Skin Assessment Form (SAF) and Skin Assessment Data Form (SADF) was to measure whether an alternative bath method (towel bath) resulted in bathing health outcomes (e.g., skin integrity and infection control) that were comparable to outcomes in the traditional bath method (shower) in older nursing home residents with dementia. These instruments were adapted from the Skin Condition Data Form (SCDF) by Hardy (1990). Additional items were generated from a literature review. The skin assessments rate the presence or absence of six skin characteristics—(1) foreign or body debris; (2) eruptions; (3) fissures or cracking; (4) maceration; (5) redness, hyperpigmentation, or hypopigmentation; and (6) scaling or flaking—that could be affected by the bathing process (e.g., dry skin from soap products). Three separate convenience samples or residents with dementia in long-term care facilities were used to pretest the selected body areas that would provide the most useful information and to establish interrater agreement of the instrument. Content validity was established by a dermatologist, psychometrician, and clinical nurse specialist. The final SAF/SADF contained 18 specified body areas which were assessed for each of the six skin characteristics. The findings included: (1) the elimination of posterior body areas because of the potential for the skin assessment to cause increased agitation (e.g., during turning) of the resident with dementia; (2) SAF revisions included a computerized drawing of the human body parts and color coding on the SAF for the six skin characteristics to distinguish any overlapping observations of two or more skin characteristics; (3) SADF revisions included numbers that coincided with the SAF to allow for easy coding; and (4) the interrater agreement between two trained nursing graduate research assistants ranged from .84 to .94. Data from the pilot studies and the prestest show a high interrater agreement in the measure of skin integrity, suggesting that the SAF/SADF is a reliable instrument in assessing skin conditions. National Institute of Nursing Research #RO1-NR04188. (CM-1) The SAF/SADF are currently being used for research purposes, but could be used in the clinical setting by nurses to evaluate the patient's skin condition over time.

National Institute of Nursing Research #RO1-NR04188

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Arabic numbers refer to session numbers.
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